DAWN
DRUG ABUSE WARNING NETWORK

ED Reference Guide

September, 2004
(Rev. 3)

Contents

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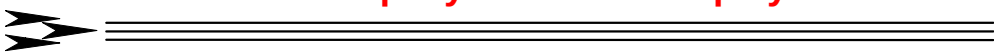


1. Introduction

1.1 Overview of DAWN

DAWN is a public health surveillance system that monitors national and local trends in drug-related emergency department visits and drug-related deaths investigated by medical examiners and coroners. DAWN tells us where new drug problems are emerging, how old drug problems are changing, where public health resources might be needed, and which drugs and drug combinations are associated with the most severe health consequences.

DAWN is the responsibility of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (DHHS). SAMHSA is required to collect DAWN data by Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4). SAMHSA has contracted with Westat, a private research firm in Rockville, Maryland, to operate the DAWN data collection system.

DAWN data are collected regularly from two primary sources within the U.S., emergency departments (EDs) and medical examiners and coroners (ME/Cs).

Emergency Departments (EDs): DAWN collects data on drug-related ED visits from a scientific sample of hospitals. These hospitals are selected to represent all hospitals in 22 major metropolitan areas and in the U.S. as a whole. The sample includes large and small hospitals, urban as well as rural and suburban hospitals. **Only non-Federal, short-stay, general medical and surgical hospitals that operate 7-day/24-hour EDs are eligible to participate in DAWN.** In the next five years the DAWN sample will be expanding. Once the expansion is complete, approximately 900 hospitals will be participating in DAWN.

Medical Examiners and Coroners (ME/Cs): DAWN collects data on drug-related deaths reviewed by ME/Cs. DAWN does **not** use a statistical sample of ME/C jurisdictions (counties). Priority is given to jurisdictions within the metropolitan areas represented in the ED component of DAWN, but a number of ME/C jurisdictions outside of those metropolitan areas also participate. The ME/C component of DAWN will be expanding in parallel with the ED expansion.

1.2 How DAWN Works

Recognizing the importance of DAWN data to the community and the Nation, hundreds of ED and ME/C facilities participate in DAWN. Each participating facility is assigned a DAWN Reporter to collect data on the facility's behalf. Some facilities appoint a member of their own staff to report DAWN cases; other facilities work with Westat to appoint a Field Reporter (WFR).

The DAWN Reporter reviews medical records, identifies DAWN cases, and abstracts demographic and substance use information. Patients are **never** interviewed. For each DAWN case, the DAWN Reporter enters the information on the DAWN computer application, Electronic Hospital Emergency Department Reporting System (eHERS) and submits the data electronically.

The DAWN Facility Liaisons (FLs), Westat's representatives in the field, visit participating facilities on a regular basis. These visits are to coordinate DAWN activities with facility administration staff, train Reporters, evaluate data collection procedures, and solve reporting problems as needed.

The FLs and other Westat staff also conduct periodic field audits to verify that reporting criteria are fully understood and consistently used. **To be a true "warning network," DAWN must collect data in a timely manner and the reporting must be complete and consistent across all participating EDs.** To achieve these goals, Westat has developed quality control procedures associated with identifying, tracking, entering, and transmitting DAWN data.

1.3 Users of DAWN Data

DAWN data serve many purposes and are used by a variety of agencies and organizations, each of which has a particular interest in some aspect of the drug problems. The principal users of DAWN data are:

- Participating hospitals;
- Federal agencies, such as the SAMHSA, the Food and Drug Administration (FDA), the Office of National Drug Control Policy (ONDCP); and
- Local public health and substance abuse agencies.

Participating hospitals may access their own DAWN data through *DAWN LIVE!*, a secure system available to hospitals through the Internet. This system allows participating hospitals to use DAWN data to train and allocate staff, improve patient care, and document the need for resources.

Local public health agencies use the data, for example, to assess the need for public health resources and detect emerging drug problems. Federal users rely on DAWN for multiple purposes. SAMHSA is currently using DAWN to detect ED visits related to buprenorphine, a relatively new way to treat opiate addiction. The FDA uses DAWN for post-marketing surveillance, to track the abuse potential of prescription drugs and to identify adverse reactions to new drugs. ONDCP uses DAWN to measure progress in controlling drug abuse, as required by law.

1.4 The DAWN ED Reporter

As a DAWN ED Reporter, you are part of a large team responsible for the data collection and processing of DAWN data. The DAWN operations team, led by the Field Director, encompasses Home Office and field staff. The Operations Managers, the Regional Monitors and the administrators for Westat Field Reporters work from the Home Office; the Facility Liaisons, Reporting Specialists and Reporters work in the field.

As a DAWN ED Reporter, you are responsible for gathering and recording DAWN data and transmitting these data to Westat. You rely on information in medical charts that originates with the hospital staff who treated the patient.

It is your responsibility to:

- **Review medical charts** for each ED visit and **identify DAWN cases** accurately and consistently, based on the information contained in the chart.
- **Track ED charts** reviewed and not yet reviewed.
- Record information from the chart accurately and completely on the electronic *DAWN ED Case Form*.
- Complete the *ED Activity Report***,** indicating the number of visits registered that month and the number of charts (i.e., medical records) reviewed for visits that occurred in the months specified in the ED Activity Report.
- Consult with your Facility Liaison on data collection issues in your hospital and with your Regional Monitor on DAWN case criteria.

1.5 Privacy Protection

Since April 14, 2003, hospitals have had to comply fully with Federal health information privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This is often referred to as the "HIPAA Privacy Rule."

The HIPAA Privacy Rule restricts uses and disclosures of "protected health information," which includes any information that is individually identifiable. Hospitals can comply with the HIPAA Privacy Rule and continue to participate in DAWN. The Privacy Rule permits disclosures of protected health information, such as DAWN data, to a public health authority that is authorized by law to collect such information for public health surveillance purposes.

Once DAWN data are disclosed to SAMHSA, the data are protected under a different Federal law, Section 501(n) of the Public Health Service Act. Section 501(n) says that identifiable data can be used only for the purpose for which they are collected. **Furthermore, Title V of the E-Government Act of 2002 (Pub. L. 107-347) imposes stiff penalties—up to 5 years in prison and fines of up to $250,000—for unlawful disclosures of information by SAMHSA and its sworn agents (e.g., contractors).** Since DAWN collects data for public health surveillance, identifiable data cannot be used for any other purpose. DAWN collects no direct identifiers, and indirect identifiers (such as age, sex, and race) are used only in aggregate statistics.

1.6 Standards and Ethics

Reporters, as well as all DAWN project staff, must follow a code of standards and ethics in performing work on DAWN. The code is set by DHHS. SAMHSA, as an agency of DHHS, and Westat, as the DAWN contractor for SAMHSA, must abide by these standards and insure that findings released are an accurate portrayal of the ED charts reviewed. All DAWN staff agree to these standards when they sign confidentiality agreements and reporter agreements.

Key elements of the code of standards and ethics in DAWN include:

- Assuring confidentiality of information accessed in DAWN; and

- Accurately reporting on DAWN to insure that findings released are an accurate portrayal of the ED charts reviewed.

1.7 Assuring Confidentiality

It is your duty as a DAWN Reporter to keep the promise of confidentiality of DAWN data. During the course of reporting for DAWN, you will be given access to sensitive health information for the purpose of identifying and reporting DAWN cases.
As a DAWN Reporter:

- **Do not** collect direct patient identifiers (for example, patient names, addresses, Social Security Numbers, etc.) and do not transmit such identifiers in any form to Westat.
- **Do not** reveal to unauthorized individuals the identity of any person, health care provider, or other organization represented in the confidential data.
- **Do not** disclose to unauthorized individuals any identification codes or passwords that Westat provided to you for reporting DAWN data.
- **Do not** remove medical records from the hospital's designated site for any purpose associated with DAWN data collection.
- **Do not** use the data collected for DAWN for any other purpose.
- **Do not** use protected health information in a manner or place that violates the administrative, technical, or physical security requirements of the hospital.
- **Do not** take home or send to Westat copies of ED logs or tracking lists.

When serving as a DAWN Reporter, remember:

- Inadvertent or casual disclosure of information violates the confidentiality protections just as seriously as deliberate disclosure.
- Once an individual's privacy has been violated, it cannot be undone.
- Nondisclosure applies to all forms of communication—spoken, written, and electronic.

1.8 Truth in DAWN Reporting

As a DAWN Reporter, you must:

- Perform work in a faithful, industrious and professional manner.
- Perform "authentic" work, i.e., conduct work following DAWN protocol and procedures.
- Understand that it is unethical and fraudulent to submit work that has not been collected as represented.
- Recognize that any violation of the above may lead to further actions by Westat, including withholding of payments, dismissal, court action, and claims for monetary damages.

1.9 Westat and DAWN

In February 2002, Westat was awarded the DAWN Operations Contract (DOC) by SAMHSA. Under this contract, Westat is responsible for the DAWN data collection and for implementing the redesign of DAWN to convert it into an active surveillance system capable of capturing information and rapidly turning it back to users.

Westat is an employee-owned research corporation serving agencies of the U.S. Government, as well as businesses, foundations, and state and local governments. Westat's research, technical, and administrative staff of more than 1,500 is located at the company's headquarters in Rockville, Maryland, near Washington, DC. An additional 1,100 staff members are engaged in data collection and processing at Westat's survey processing facilities, at the Telephone Research Center facilities, and throughout nationwide field interviewing operations. Demonstrating technical and managerial excellence since 1961, Westat has emerged as one of the most respected contract research organizations in the U.S.

1.10 About the ED Reference Guide

This guide describes the functions and other features of the eHERS application and provides instructions on how to perform the following activities:

- Enter new cases;
- Modify or delete cases;
- View case counts; and
- Enter and update activity reports.

The manual is organized as follows:

- Section 2 explains how to identify DAWN Cases.
- Section 3 explains how to track charts and avoid duplicate entries.
- Section 4 explains how to log in and offers some general descriptions of the screens.
- Section 5 explains how to complete the Emergency Department Case Report**.**
- Section 6 explains how to modify or delete an incomplete case.
- Section 7 explains how to view case counts.
- Section 8 explains how to enter and update the Emergency Department Activity Report.
- Section 9 explains how to log out of the system.

In addition, the following Appendices containing reference material, appear in the back of the manual:

- Appendix A contains some of the common abbreviations used in medical charts.
- Appendix B contains a glossary of DAWN terms.
- Appendix C contains a list of non-pharmaceutical inhalants.
- Appendix D contains the DAWN Decision Tree, an easy-to-follow chart offering step-by-step instructions on how to assign a Case Type to DAWN cases.

2. How to Identify DAWN Cases

The criteria for identifying DAWN cases are very simple and general. **An ED visit is a DAWN case if the patient was treated in the emergency department for a condition that was induced by or related to recent drug use.** "Treated in the emergency department" means a direct, personal exchange in the ED between a patient and a physician or other medical staff for the purpose of diagnosing and attending to the patient's presenting complaint.

The DAWN protocol for identifying DAWN cases requires the following steps:

Step 1: Obtain/develop a comprehensive list of all visits for patients treated in the ED.

Step 2: Directly review the medical records ("charts") for patients treated in the ED.

Step 3: Identify DAWN cases.

Step 4: Keep track of charts that have been reviewed and charts that still need to be reviewed.

The basic guidelines for each of these four steps are described in the following sections.

2.1 Obtain a List of ED Visits

Nearly every ED maintains some kind of register or log to record the date and time each patient arrived or registered to be seen. A copy of this log can serve as the basis for the DAWN Reporter's tracking system. The log may be handwritten or computerized. If the log is handwritten, the DAWN Reporter may be able to make a photocopy of it. If the log is computerized, it may be possible to get a printout listing all ED visits for any specific time period (for example, one day, one week, etc.).

The ED register or log usually includes some minimal identifying information, such as patient name or medical record number, necessary to locate charts or to look-up those records on a computerized medical record system.

Generally, patients who left without being seen are identified (e.g., labeled "LWBS") on the ED log. These types of encounters do not meet the criterion that the patient was treated in the ED cannot be DAWN cases. However, the list must include patients who were admitted to the hospital for further treatment ("Admits") or patients who left "against medical advice" (AMA) since these visits are potentially DAWN cases.

Ultimately, you need to compile a complete list of all visits for patients treated in the ED. If it is not possible to get a list restricted to patients treated in the ED, you will need to cross off or delete ineligible visits to create the final list of charts you need to review. Work with your Facility Liaison to identify the best source for the list of ED visits that will serve as the basis for your tracking list.

Reminder: Since the list will contain patient identifying information, you must store these lists in a secure location and keep them at least two months for quality assurance reviews. If a secure location is not available for your use, contact your FL to obtain a lock box.

2.2 Direct Chart Review

The DAWN protocol requires that all reporters use the "Direct Chart Review" procedure to identify DAWN cases.

Direct Chart Review (DCR) means determining whether an ED visit is a DAWN case, by reviewing the information in the patient's chart that is related to the specific ED visit and applying the DAWN case criteria.

The term "chart" refers to the patient record, whether a traditional paper chart or an electronic record in a computerized medical record system. It does not matter whether your hospital uses paper charts or electronic charts, as long as you review a chart for each patient.

When DAWN data collection is established in a new facility, the DAWN Facility Liaison works with administrative and clinical managers, staff, and the DAWN Reporter to design a system whereby charts are available to DAWN Reporters in a timely manner. If you encounter problems in accessing charts caused by hospital operations, systems, or rules, work with your Facility Liaison to resolve them.

Reviewing a chart for every patient treated in the ED is important because every one of those visits is a potential DAWN case. Short-cut methods to reduce the number of charts reviewed have been proven to be unsatisfactory because they miss DAWN cases.

As a DAWN Reporter, your objective is to locate and review all available ED charts to determine which ED visits are DAWN cases. Although your goal is to review **every** chart, in some instances that goal may not be immediately achievable, even with your best efforts and the involvement of your DAWN Facility Liaison. For this and other reasons, **every time** you review charts, you **must enter** the information on the Activity Report (see Section 8, How to Enter and Update the Emergency Department Activity Report)**.** Westat needs to know how many ED visits there are and how many of the charts you were able to obtain and actually review **every time** you report.

2.3 Determine if an ED Visit is a DAWN Case

Determining if an ED visit is a DAWN case is a critical step in DAWN reporting. **Missing DAWN cases threatens the scientific validity of DAWN data.** Successful identification of DAWN cases involves careful review of the charts and requires you to understand:

- The DAWN case criteria;
- The evidence in the chart that can be used for identifying DAWN cases;
- The interpretation of the evidence in the chart; and
- The exceptions.

2.3.1 DAWN Case Criteria

The DAWN case criteria states:

> **An ED visit is a DAWN case if the patient was treated in the emergency department for a condition that was induced by or related to drug use, with a few exceptions.**

Most problems related to identifying DAWN cases will consist of questions about how to apply the DAWN case criteria to specific visits. If you have any questions about the criteria and you cannot find the answer in this manual, call your DAWN Regional Monitor in the Westat Home Office at 1-800-FYI-DAWN.

2.3.2 Evidence in the Chart

To identify DAWN cases, you must find and evaluate evidence documented in the patient's chart. The DAWN case criteria require that the patient be treated for a condition that is drug-related or drug-induced. In other words, drug use must be implicated in the patient's visit. The relationship between the drug use and the patient's condition must be supported by evidence in the chart.

The evidence that drug use is involved in the patient's condition may come from one, two or all of three sources:

- Patient's chief complaint(s);
- Physician's, nurse's, or other appropriate clinician's assessment; and
- Diagnosis/diagnoses.

If the chief complaint, assessment, or diagnosis implicates drug use in the visit, it is a DAWN case, with a few exceptions.

Remember: **The link to drug use, abuse, or misuse has to be mentioned in only one of the three sources.**

2.3.3 Interpretation of Evidence in the Charts

ED charts vary considerably from hospital to hospital. Different EDs may use different terms to describe the sections and contents of their charts. The terms used by DAWN – *chief complaint*, *assessment*, and *diagnosis* – describe the types or categories of information. These categories may be found under other names in the charts you review. For example, some charts may refer to the chief complaint as the "reason for visit," "presenting problem," "triage or intake notes," and so forth.

Similarly, clinical assessment may be called several different names, may be found in more than one place in the chart, and may include assessments by residents or nurses. Diagnosis might also be called "final," "primary," or "secondary" diagnosis. Quite commonly, information belonging to one category, such as "assessment," may be divided among several different sections of the chart. You need to review all the relevant sections of the chart, particularly if the information is not conveniently consolidated in one place.

As a DAWN Reporter, one of your tasks is to become familiar with the terminology, content, and layout of the charts used in your ED. For example, hospitals may use different abbreviations to refer to the different units in the hospital, such as the surgical unit, pediatrics unit, etc. To facilitate the chart review at your hospital, make a list of critical abbreviations that you do not recognize and review this list with your Facility Liaison. The Facility Liaison will clear the meaning of these abbreviations with the appropriate ED staff.

Often charts are difficult to read. To get a general idea of what the ED visit is about before you attempt to determine if it is a DAWN case, you may want to identify sections of the charts that are clearly readable and review these sections first. For instance, the patient discharge instructions, the diagnosis, and the triage notes are generally quite readable. Your Facility Liaison can help you determine the best approach to get an initial idea of the nature of the ED visit.

REMEMBER: Always keep charts out of view of others who are not working with you. Never leave a chart unattended. If you need a break or are called away, lock up the charts in a secure area before you leave. This applies both to paper charts and to printouts of chart information from computerized medical records systems. (Remember to log off eHERS if you need to leave the computer.)

2.3.4 ED Cases Not Reportable to DAWN

There are seven basic reasons for an ED visit not to be a DAWN case. Explanation of each of these, with examples, help you understand particular circumstances that do not qualify as DAWN cases. Examples of visits that are DAWN cases are given with an explanation of why one is and one is not a DAWN case.

Not a DAWN Case #1: Patient left the ED without being treated

The patient left the ED before treatment was initiated. Such charts often indicate "left without being seen" or LWBS and are usually identified in the ED log.

At a minimum, a patient must be treated/seen before even being considered for inclusion in DAWN.

Note: There is a difference between leaving without being seen (LWBS) and leaving against medical advice (LAMA or AMA). LAMA patients are assessed but then decide to leave rather than continue with treatment. **Because these patients have been seen, it is possible to determine whether or not it is a DAWN case.**

Not a DAWN Case #2: A non-pharmaceutical substance was consumed but not inhaled

The non-pharmaceutical substance (e.g., gasoline, toluene, paint, glue) was consumed or administered by some means other than inhalation, such as swallowing or injection. The rule for non-pharmaceuticals is simple: DAWN is interested in non-pharmaceuticals that are used as inhalants. Therefore, a non-pharmaceutical is reportable only if inhaled. For example:

- The patient drank turpentine. This is NOT a DAWN case.
- The patient injected gasoline. This is a NOT a DAWN case.
- The patient became disoriented and then passed out as a result of inhaling paint fumes while painting a closet. This is a DAWN case because the paint was inhaled.

Not a DAWN Case #3: Only a history of drug abuse is documented

Documentation of drug abuse may appear in the social history section of the chart or the chart may have a notation indicating "history of drug abuse." If documentation points only to a history of drug use/abuse and there is no evidence of current use, it is not a DAWN case. For example: An ED visit by a patient who is HIV+ indicates a history of intravenous drug abuse (IVDA). This is NOT a DAWN case because there is no evidence of current drug use that is related to the visit.

Not a DAWN Case #4: Alcohol is the only substance involved and the patient is age 21 or over

ED visits involving alcohol and no other substance are DAWN cases only if the patient is not an adult (age less than 21). Alcohol is reportable in an adult DAWN case only when present in combination with another reportable substance.

Not a DAWN Case #5: The only documentation of drug use is in toxicology test results

Documentation of drug use must be present in the chief complaint, assessment, or diagnosis(es). Toxicology may pick up current medications taken for legitimate therapeutic purposes, drugs administered during life-saving treatment, or drugs taken some time ago and unrelated to the visit.

Therefore, toxicology alone is not sufficient evidence to make a visit a DAWN case. For example:

- A man slipped on a wet concrete floor and fractured his hip. The toxicology result is positive for opiates. There is no other evidence of opiate use in the chief complaint, assessment, or diagnosis. This is NOT a DAWN case.
- A man is brought to the ED unconscious. Toxicology is positive for benzodiazepines. The diagnosis states "suicide attempt, + benzos." This is a DAWN case because "+ benzos" is included in the diagnosis. This is evidence that the use of benzodiazepines is related to the patient's condition.

Not a DAWN Case #6: Drugs listed are not related to the visit

There is no documentation in the chief complaint, assessment, or diagnosis to indicate that the ED visit was related to the use of drugs. For example:

- A 24-year-old female passenger in a bus accident was taken to the ED with a broken leg. She had been taking cocaine just before the bus was sideswiped by a tractor-trailer. There is no indication in the chart that her cocaine use was connected to the leg injury. This is NOT a DAWN case;
- A young man presents with a sore throat, fever, and symptoms of tonsillitis. The chart indicates that he uses an albuterol inhaler and takes oral steroids for asthma. These medications are not related to the patient's condition. This is NOT a DAWN case.

Not a DAWN Case #7: There is no evidence of drug use

The chief complaint, assessment, or diagnosis does not refer to drug use. Examples may include:

- *Drug Seeker* – Patient who visits the ED to acquire specific drugs for unconfirmed condition(s). The patient is attempting to acquire the drugs by pretending to have a condition for which the drug is an indicated treatment. This is NOT a DAWN case. ("Drug seekers" should not be confused with patients requesting substance abuse treatment because of dependence on a prescription drug, such as OxyContin.);
- *Undermedication* – Patient who forgets to take, stops taking, or takes too little of a prescribed medication. The patient is being treated in the ED for a condition related to not taking or taking too little of a medication. This is NOT a DAWN case.

  But sometimes the evidence of drug use is indirect. For example:

  - Withdrawal – Patient presents to the ED with symptoms of withdrawal from an illegal or prescription drug. **This is a DAWN case** because withdrawal indicates recent drug use; the visit is related to drug use;
  - Seeking detox – Patient needs medical clearance from the ED to be admitted into an inpatient drug treatment program. **This is a DAWN case.**

3. Tracking Charts That Have Been Reviewed and Avoiding Duplicate Entries

The most dependable way to ensure that you have reviewed every chart is to use a tracking system. DAWN reporters must have a method to track which charts have been reviewed and which charts have yet to be reviewed.

3.1 The Chart Tracking System

At a minimum your chart tracking system should include a way to:

- Identify all ED visits for patients treated in the ED;
- Track each chart that you review;
- Track each chart that you identify as a DAWN case but save as INCOMPLETE; and
- Track charts you have not located.

The following example will help you set up and use a tracking system to perform the other activities related to locating and reviewing charts. The guidelines are general, and the specific method will be different in each ED. Your DAWN Facility Liaison will work closely with you to develop the best approach for your specific situation.

3.2 Tracking Charts: An Example

Suppose that the source of your list is a paper ED register (see Figure 3-1).

Sign In Print Name	Date	Time	Med Rec #	Discharge	Charts Reviewed
John Doe	5/11/04	8:06 am	A505555508	Admitted	JL
Robert Doe	5/11/04	8:12 am	A542167878	Treat and release	6/15/04: M
Cindy Roe	5/11/04	8:22 am	B230111111	Treat and release	JL I
Jane Doe	5/11/04	8:10 am	A664908767	LWBS	JL
Jane Doe	5/11/04	9:01 am	B664908767	LAMA	MS
Robert Loe	5/11/04	9:05 am	B592167878	Treat and release	MS
Mary Roe	5/11/04	9:12 am	B640111111	Treat and release	MS D

Figure 3-1 Sample Tracking List

To use this list as a tracking system complete the following steps:

Step 1: Mark off on the tracking list each chart obtained and reviewed.

After obtaining each paper chart or accessing the electronic medical record, check off or initial (in facilities with multiple reporters) each chart you have reviewed. Cross off charts for patients who left without being seen (LWBS). Cross off any duplicate charts and identify them as "DUP" (Note: Multiple visits within 24 hours are separate visits, not "DUP"). This ensures that your tracking system will be accurate and timely. An up-to-date and accurate tracking list will avoid obtaining and reviewing the same charts multiple times.

Review this list on a regular basis to identify those charts that are still outstanding and try to locate them. Except for charts that are mislaid or required by special circumstances to be kept out of circulation for an extended period, it is likely that the charts that were initially unavailable will become available after a short time.

Step 2: Mark on the tracking list any incomplete DAWN case you have entered in eHERS

If you identify a DAWN case and must save it as INCOMPLETE because you need additional information, mark this record with a "I" until you save it as COMPLETE.

Step 3: Continue pursuing charts that appear on the list but you have not yet reviewed.

Continue to use the tracking list to help you obtain and review all, or as many as possible, of the needed charts. Identify with an "M" (missing) any charts that you consider permanently lost. When each chart on the list has been accounted for – obtained or determined to be permanently unavailable – and each chart has been reviewed, you know that the DAWN reporting for the ED visits covered by the list has been completed.

3.3 The Confidentiality of Tracking Lists

Tracking lists will contain confidential information about individual patients, a medical record number, a name, and possibly additional information. Keep your tracking list in a secure locked place, preferably a locked cabinet or in a room that is kept locked when not occupied.

It is a breach of the DAWN confidentiality protocol to remove charts from the hospital premises. The same is true for tracking lists. Do not remove tracking lists from the hospital premises; these lists contain identifying information about patients.

You will need to keep a copy of the tracking list for at least two month so that Westat staff can make use of it for quality assurance purposes. When the tracking list is no longer needed, shred your copies or turn them over to the appropriate hospital manager, as required. Most hospitals have security shredding.

4. Getting Started

The DAWN Electronic Hospital Emergency Reporting System (eHERS) is an interactive web-based system providing Emergency Departments (EDs) with an automated means of capturing and reporting DAWN data.

4.1 How to Display eHERS

The system can be displayed using any web browser, but this guide is written assuming you are using either Internet Explorer (IE) version 4.0 or higher, or Netscape Navigator version 4.0 or higher. Other browsers can be used to access eHERS, however they may operate differently when using some eHERS functions. Please notify the DAWN Help Desk at 1-800-FYI – DAWN (1-800-394-3296) if the hospital's computer has a browser other than Internet Explorer or Netscape. You will then receive directions for entering "test" data to determine if the hospital's browser is compatible for use with eHERS.

To display eHERS:

1. Type https://entry.e-dawn.net/ into the **Address** (IE) or **Location** (Netscape) field.
2. Press the **Enter** key.

The **eHERS Log In** screen will then be displayed on your screen (see Figure 4-1).

Figure 4-1 The eHERS Log In Screen

Within your web browser, you can create a "Favorite" (Internet Explorer) or "Bookmark" (Netscape) to facilitate access to the DAWN eHERS web site. After establishing the Favorite or Bookmark, you can then create a shortcut to access the site directly from your desktop.

4.2 How to Log In

Only authorized ED reporters may use eHERS. A user account tied to a unique User ID and password combination grants you access to view, add, modify and delete DAWN records. **This information is confidential and should not be left on your desk or in any other public area.** For additional security, the information transferred from your computer is encrypted so that it cannot be read, in the unlikely event it is intercepted by an electronic intruder.

You have been assigned a User ID and a personal password. You must type both of these into the Log In Screen to gain access to eHERS. When you type in the User ID during the Log In process, the text will appear in the appropriate field on the screen. For security purposes, the text of the *password* entry is *not* displayed. If you forget or misplace this information, call 1-800-FYI-DAWN (1-800-394-3296) for assistance.

To Log In to eHERS (see Figure 4-1):

1. Place the cursor in the **User ID** field with the mouse or by pressing the Tab key.

2. Type in your User ID.

3. Place the cursor in the **Password** field with the mouse, or by pressing the **Tab** key.

4. Type in your personal Password.

After logging in, you will automatically have access to the eHERS account of the ED for which you are responsible.

When you have completed the Log In process successfully, the **eHERS Home** page will be displayed (see Figure 4-2).

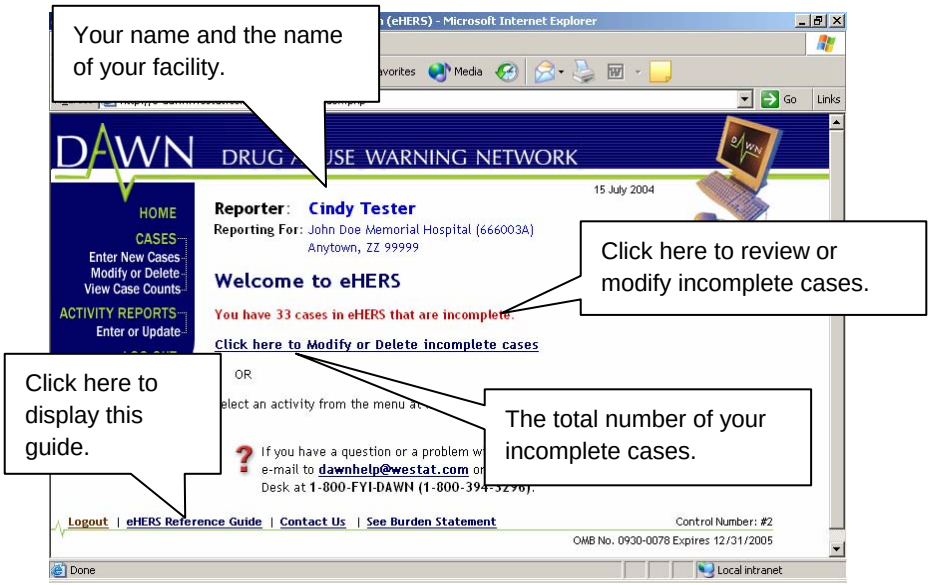


Figure 4-2 The eHERS Home Page

The current date, name of the Reporter (your name), and the Emergency Department for which you are reporting are displayed at the top of the screen, along with the number of your incomplete cases.

The number of *incomplete* cases is displayed because one of the primary purposes of eHERS is to enable you to complete case records. Incomplete cases are those that you still need to work on before submitting them. Displaying this number reminds you that you still have incomplete cases.

You may be assigned to report for more than one facility. If this is the case, after logging in, a screen will be displayed containing a drop-down list from which to select the specific facility for

which you are reporting at that particular time (see Figure 4-3). To report cases for another facility, log out. Then, log in again, and select the new facility for which you wish to report.

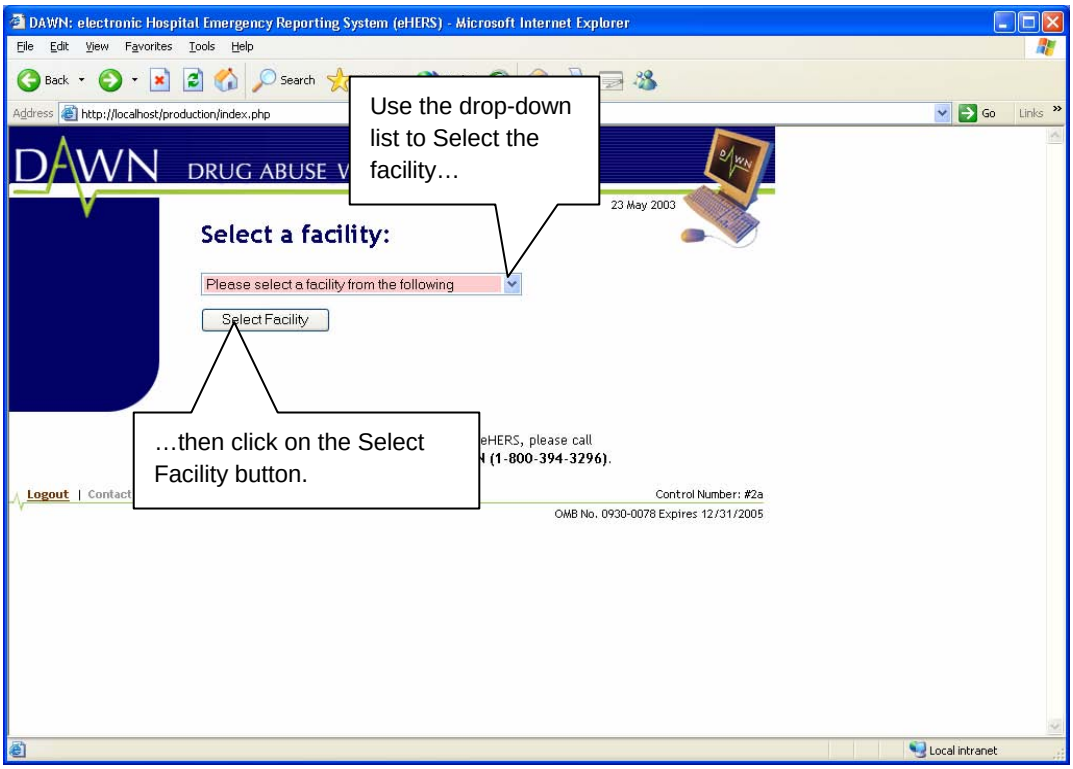


Figure 4-3 Select a Facility Screen

4.3 Timed Log Outs

For security reasons, you should always take the time to log out before stepping away from your computer. If you leave eHERS displayed on your computer for more than an hour without performing any activity, the system will automatically log you out and return you to the Log-In screen.

If you are inactive for over an hour, you will have to begin the process described in the beginning of this manual. Any entries you may have made that were not saved will be lost.

4.4 About the Screens

While different screens in eHERS contain distinct fields, there are some characteristics that are common throughout every screen in the application.

After you log in, a menu in the left-hand corner of every screen in the application enables you to perform each of the activities contained in eHERS (see Figure 4-4).

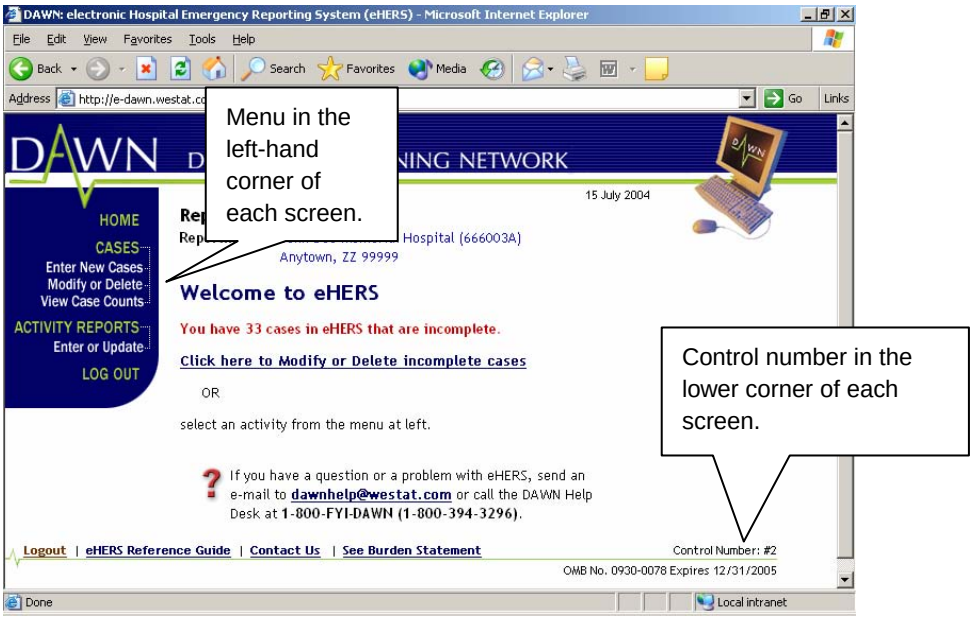


Figure 4-4 Menu in the Left-hand Corner of Each Screen

The lower right-hand corner of each screen contains a control number (see Figure 4-4). Should you need to call the DAWN Help Desk for assistance, refer to this number to identify the specific screen in which you are working.

The lower left-hand corner of each screen features the words "Contact Us" underlined in blue (see Figure 4-4). Click on these words to display the e-mail address and phone number of the DAWN Help Desk (see Figure 4-5).

To return to the previous screen (or "Page") from the DAWN Help Desk Contact Screen, click on the *Back* button (see Figure 4-5).

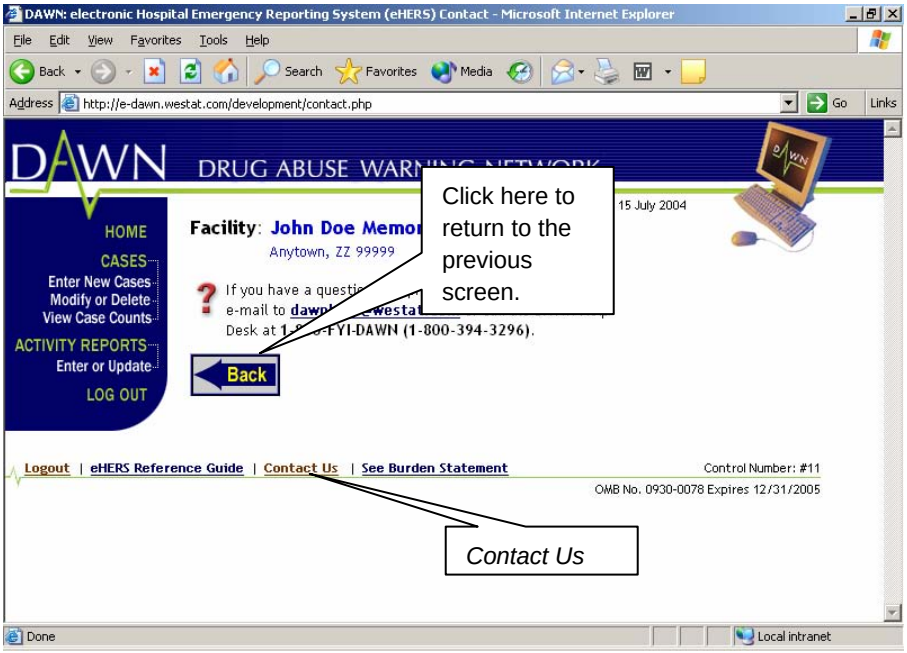


Figure 4-5 The DAWN Help Desk Contact Screen

5. The Emergency Department Case Report

5.1 How to Enter a Case

To enter a new case in the Emergency Department Case Report, go to the menu in the corner of the screen, and under *Cases*, select, *Enter New Cases* (see Figure 5-1).

Figure 5-1 Menu in the Corner of the eHERS Screens

This will display the upper portion of the Emergency Department Case Report (see Figure 5-2).

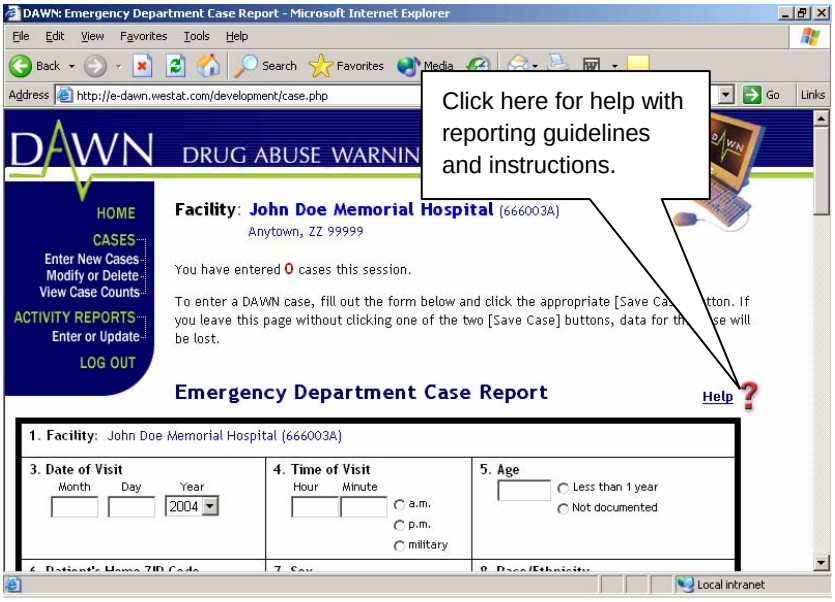


Figure 5-2 Emergency Department Case Report (Upper Portion)

For help with reporting guidelines, click on the red question mark on the right of the screen, as highlighted in Figure 5-2.

There are three ways to enter information in the Emergency Department Case Report, depending upon the type of field. For some fields, you enter information by clicking in the field and then typing the information. Other fields require you to use either *check boxes* or *radio buttons*.

5.2 How to Use Check Boxes

The fields containing check boxes allow you to select **all that apply**. When you click in a check box, a check mark appears (see Figure 5-3).

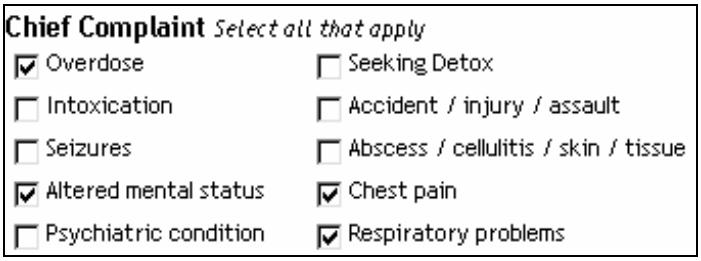


Figure 5-3 Check Boxes

To erase a check mark, click in the box a second time.

5.3 How to Use Radio Buttons

The fields containing radio buttons allow you to select **only one option** from among those listed. When you click in a radio button to make a selection, a black dot appears (see Figure 5-4).

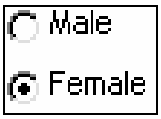


Figure 5-4 Radio Buttons

If you click and put a dot in one button and then click and put a dot in a second button, the dot in the first button will automatically disappear, and that choice will no longer be selected.

5.4 How to Complete the Fields

The following discussion explains how to use the entry fields in the eHERS Emergency Department Case Report.

The Emergency Department Case Report entry fields begin with the number *3* for *Date of Visit*. This is because the electronic data entry screen has been adapted from the original paper form. Fields 1 and 2 on the paper form consist of the facility ID and a Cross-reference number. These appear automatically in eHERS and do not require entry fields.

As mentioned earlier, the first field that requires entry is number 3, *Date of Visit* (see Figure 5-5).

Figure 5-5 Date of Visit

Date of Visit - Enter the date of the visit. The year automatically defaults to the current year. In those instances where you are reporting cases from the previous year, you can override the default by selecting an earlier year from the drop-down list provided (see Figure 5-5).

Date and time link a DAWN case to a particular ED visit. Date is used to analyze drug use trends over periods. Time is used to analyze patterns in ED visits for various types of DAWN cases.

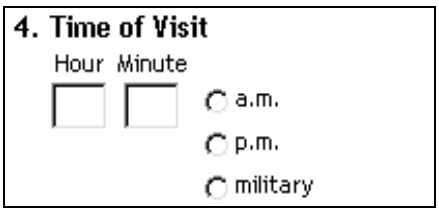


Figure 5-6 Time of Visit

Time of Visit - Indicate the hour and minute(s) in the fields provided, then select the appropriate radio button to indicate *a.m.*, *p.m.* or *military*. If the hour you enter is greater than 12, *military* will be selected automatically (see Figure 5-6).

If the hospital uses military time and the visit was at or before noon, click *military*.

The time of visit can be obtained from the ED log, from a computerized registry of ED visits, or from the patient's chart. When there is a discrepancy between the time on the chart and the ED log/registry, use the registration time from the log/registry.

Enter hours and minutes using two digits for each, including leading zeros when appropriate; that is, if the visit was at 6:30 a.m., enter *06* under *Hour*, *30* under *Minute* and click in the *a.m.* box.

If the visit took place at noon, enter *12* under *Hour, 00* under *Minute* and click in the *p.m.* box.

If the visit took place at midnight, enter *12* under *Hour, 00* under *Minute* and click in the *a.m.* box.

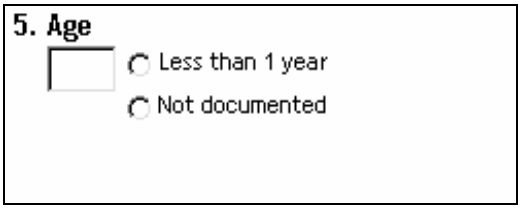


Figure 5-7 Age

Age - Enter the patient's age. If the age is less than a year, select the corresponding radio button, or if the age is unknown, select the radio button, *Not documented* (see Figure 5-7)**.**

When age information is inconsistent in the patient's chart, determine the age by using the patient's date of birth. Be careful when entering age; the system will accept any age under 120. For example, if you mean to enter 19 years but enter 119 years by mistake, 119 will be accepted. Getting in the habit of entering three digits for this field (e.g., 019) may prevent this type of error. Always verify the age before moving onto the next item.

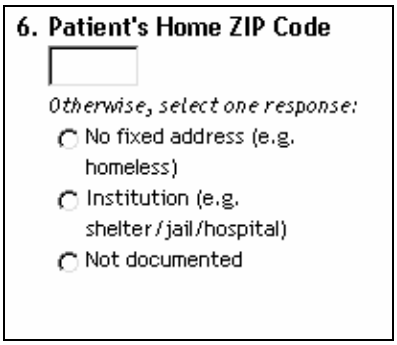


Figure 5-8 Patient's Home Zip Code

Patient's Home ZIP Code - Enter the 5-digit ZIP code from the patient's address on the chart, or use the appropriate radio button to indicate if the patient was known to be homeless, or known to be in an institution such as a shelter. If the patient's ZIP code is unknown, or is outside of the U.S., then select the radio button, *Not documented* (see Figure 5-8).

Be aware that some hospitals enter the hospital's zip code into the patient chart when the patient is homeless or coming to the ED from a jail or other institution. Be sure that the zip code you enter is in fact for the patient.

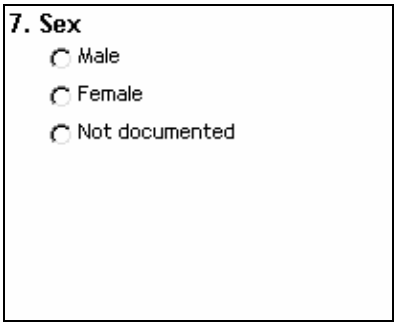


Figure 5-9 Sex

Sex - Indicate the patient's sex by selecting either the *Male* or *Female* radio button option, or, if the sex is unknown, select *Not documented* (see Figure 5-9).

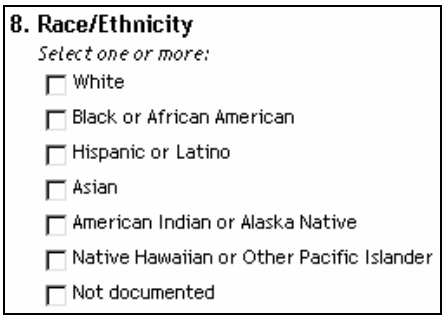


Figure 5-10 Race/Ethnicity

Race/Ethnicity - Indicate the patient's racial origins by selecting **all** applicable checkbox options. Multiple categories may apply. For example, if race on the chart is "white" and ethnicity is "Hispanic," check both *White* and *Hispanic or Latino*. If the patient's race/ethnicity is not documented on the chart, or is not one of the categories shown, select *Not documented.* **However, if you select *Not documented*, you must not select any other options** (see Figure 5-10).

When coding Race/Ethnicity use the following definitions:

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native – A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

NOTE: Please contact your Facility Liaison if you are not getting access to race/ethnicity or other demographic information in your hospital. Do not assume that it is not available.

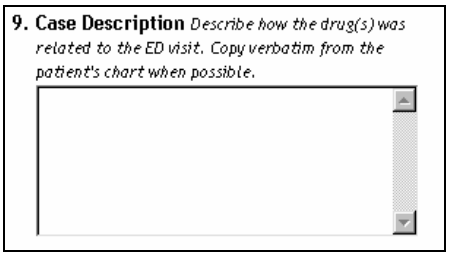


Figure 5-11 Case Description

Case Description - **The information contained in the Case Description must stand on its own to explain why this is a DAWN case.** You may need to read through all sections of the chart in order to get an accurate case description. (see Figure 5-11).

Review the chart and record in one or two short sentences (20 words or so) the answer to the question: ***How did drug(s) or substance(s) cause or contribute to the ED visit?***

POOR DESCRIPTION: *Chest pains, intermittent shortness of breath.*
BETTER DESCRIPTION: *Chest pains, intermittent shortness of breath* ***after smoking crack****.*

POOR DESCRIPTION: *Abdominal pain and vomiting.*
BETTER DESCRIPTION: ***After using heart medication,*** *patient experienced abdominal pain and vomiting.*

POOR DESCRIPTION: *Teen cursing at mother, uncooperative.*
BETTER DESCRIPTION: ***Intoxicated teenager.*** *cursing at mother, uncooperative.*

POOR DESCRIPTION: *Entire body itchy and face blotchy.*
BETTER DESCRIPTION: *Entire body itchy and face blotchy* ***after taking antibiotic.***

When possible, copy the information verbatim from the patient's chart. This information may be contained in the presenting complaint, nurse's notes, physician's assessment, or diagnoses.

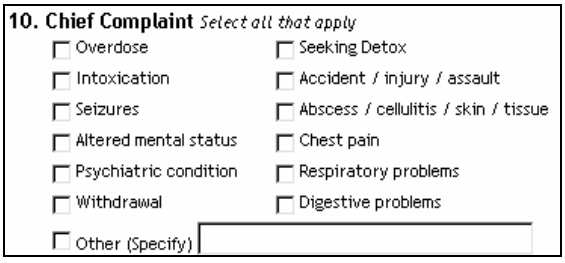


Figure 5-12 Chief Complaint

Chief Complaint - Indicate the nature of the complaint by selecting all applicable checkbox options. If applicable, select the checkbox corresponding to *Other* and type the specific complaint in the field provided (see Figure 5-12). The presenting complaints information is usually found in the triage portion of the chart.

Complaints are those symptoms, problems, and conditions mentioned by the patient and/or the patient's attendees (whoever brought the patient to the ED). Attendees may be friends or family of the patient, emergency personnel such as ambulance drivers or emergency medical services (EMS) personnel, police, and so forth.

Chief Complaint may be the patient's or attendee's words translated into medical terminology by a nurse or attending medical personnel, but should not be obtained from the diagnoses recorded on the chart by the physician.

Whenever possible, use the answer categories provided on the form. For example, "having trouble breathing," "coughing," and "wheezing" are *Respiratory problems*. "Vomiting," "throwing up," and "diarrhea" are *Digestive problems*.

The answer categories are defined below:

Overdose **–** Include cases with documented **overdose, non-alcoholic toxicity, and poisoning.**

Intoxication **–** ED cases involving documentation of intoxication and alcohol poisoning.

Seizures **–** Includes neurologic events associated with abnormal electrical activity in the brain. Seizures manifest clinically as a change in consciousness, motor, sensory, or behavioral symptoms. **Includes "Convulsion."**

Altered mental status **–** Includes abnormal changes in basic mental functioning that include disorientation as to time and place. Patient or those in attendance may state that the patient manifests symptoms of **disorientation, is delirious, is having hallucinations, is combative, or things of that nature.**

For example:

- The patient's mother tells the ED nurse she cannot control her 14-year-old son who has taken PCP and is threatening to kill her and her other children. He thinks they are space aliens trying to invade his body.
- EMS bring in a homeless man who has been drinking alcohol and taking drugs of an unknown nature. He does not know where he is or who is president. He keeps asking for Victor but does not know who Victor is, when questioned.

Psychiatric condition **–** In DAWN, a general term used to denote mental illness or psychological dysfunction, specifically those mental, emotional, or behavioral problems not caused by a physical disease. **These include suicidal ideation, depression, schizophrenia, bipolar disorder, and so forth.**

Withdrawal **– May occur when a person stops taking a drug (illegal or legal) upon which he or she is physiologically dependent.** Withdrawal may result in severe physical symptoms requiring treatment.

Seeking detox **–** Cases characterized by documentation in the chart that the patient is seeking **"detox," "rehab," or medical clearance or help for a drug problem.**

Accident/injury/assault **–** Includes self-inflicted injuries or injuries resulting from fights, accidents, or assaults with documented use of substances involved. **This category is appropriate for injuries resulting from accidents induced by or related to drug abuse.** Work-related injuries and automobile accident injuries, for example, can sometimes be attributed to drug use.

Abscess/cellulitis/skin/tissue – Cases in which **cellulitis, abscesses, infection, or skin problems such as rashes** are mentioned in conjunction with drug or substance abuse.

Chest pain – **Includes chest discomfort, tightness, pain or pressure.**

Respiratory problems – A category of conditions associated with breathing. Examples include **shortness of breath, coughing, and wheezing.**

Digestive problems – A category of conditions associated with the gastrointestinal system. Examples include **indigestion, nausea, vomiting, diarrhea, and constipation.**

Other – Complaints that do not fit into the pre-recorded categories, such as "fever, "unconscious," "headache," and "pain" (generalized). If multiple complaints are listed, record as many as apply. First code the complaints that fit into the categories listed above. Then record under *Other* additional complaints that do not fit into any of the pre-recorded categories. If you are uncertain which pre-recorded category to use, check *Other* and record the complaint verbatim.

Note: Sometimes there might be no complaint information. For example, the patient may have been brought in comatose, found in the park. In this instance, select *Other* and indicate that no complaint was recorded on the chart.

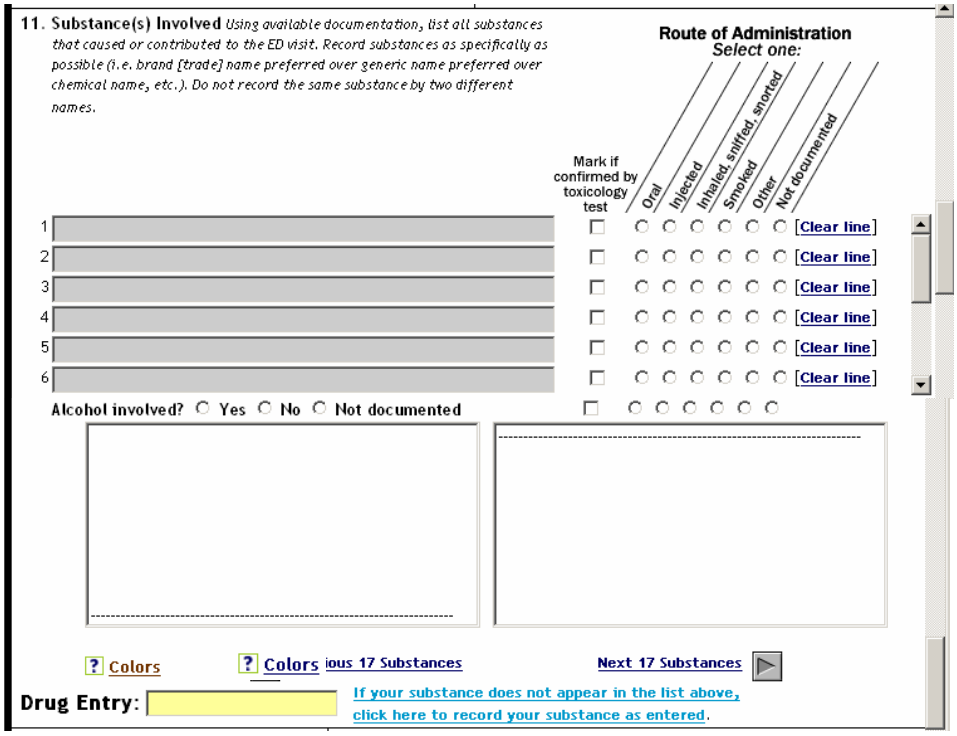


Figure 5-13 Substance(s) Involved

Substance(s) Involved - This item, which is the core of the data collected in DAWN, captures the *Substance(s)* implicated in the DAWN case, whether the presence of the substance was *confirmed by toxicology test*, and the *Route of Administration*, if known (see Figure 5-13).

Using all available documentation in the chart, record the substances that caused or contributed to the ED visit in this item.

Substances that may be reported to DAWN are:

- Illicit drugs, such as cocaine, heroin, and marijuana;
- Prescription medications, such as Valium® and Vicodin®;
- Over-the-counter medications (OTCs), such as aspirin, Motrin®, and Tylenol®;
- Dietary supplements, including vitamins, minerals, and herbal supplements (e.g., St. John's Wort, Echinacea, Ginkgo Balboa);
- Alcohol, with some restrictions; and
- Non-pharmaceutical inhalants, with some restrictions

Record all substances as specifically as possible.

- Record *brand* (trade) name first, if it is available (e.g., Advil®).
- If brand name is not available, record *generic* name (e.g., ibuprofen).
- If neither brand nor generic name is available, record *chemical* name.
- If none of the above are available, record *drug type.*
- If the chart indicates *polysubstance abuse*, that is, no specific drug brand, generic, or chemical name is given, record *polysubstance abuse.* The option *poly substance* has been added to the drop down box. You can use either *polysubstance* or *poly drug* to indicate poly-substance.
- When the drug is unknown, you can type the word *unknown* to see the option *unknown drug*. Another way to identify an unknown drug is to type the word *drug* - you will see the option *drug unknown.*

Do not record the same substance under two different names unless it was consumed by multiple routes. For example, if heroin is the only substance documented, do not record "heroin" on one line and "opiates" on a second line. If heroin was injected and snorted, record "heroin" on two lines with route of administration coded accordingly:

Note that in eHERS drugs highlighted in white indicate this is the most specific description of the drug, drugs highlighted in blue show the more generic drug types, and drugs highlighted in pink are the least descriptive drug categories, these are generally drug classes. Always check to see if the chart includes anything more specific about the drug when selecting a drug in blue or pink.

For example, the chart indicates that the patient ingested cocaine and OxyContin®. Another part of the chart refers to the cocaine as "crack" and OxyContin® as an "oxycodone." Record crack, which is a type of cocaine, and OxyContin®, which is a brand of oxycodone. Use the eHERS drug look-up for help.

Remember to list only drugs that relate to the ED visit. You do not need to list any current medications that the patient is taking, unless they pertain to the ED visit.

You may enter up to twelve drugs. If you enter more than six drugs, use the scroll to view any additional drugs.

How to enter a drug name

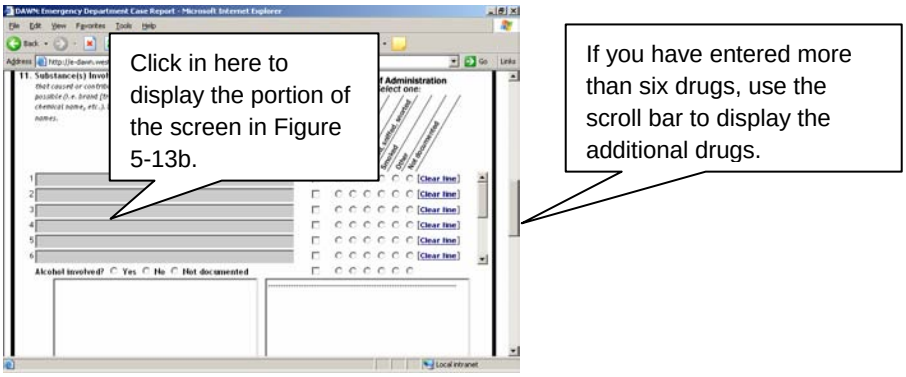


Figure 5-13a Substance(s) Involved Section (Top)

To enter the first drug name, click in a gray line and the screen will automatically jump to display the yellow field in which to enter a substance (see Figures 5-13a and 5-13b).

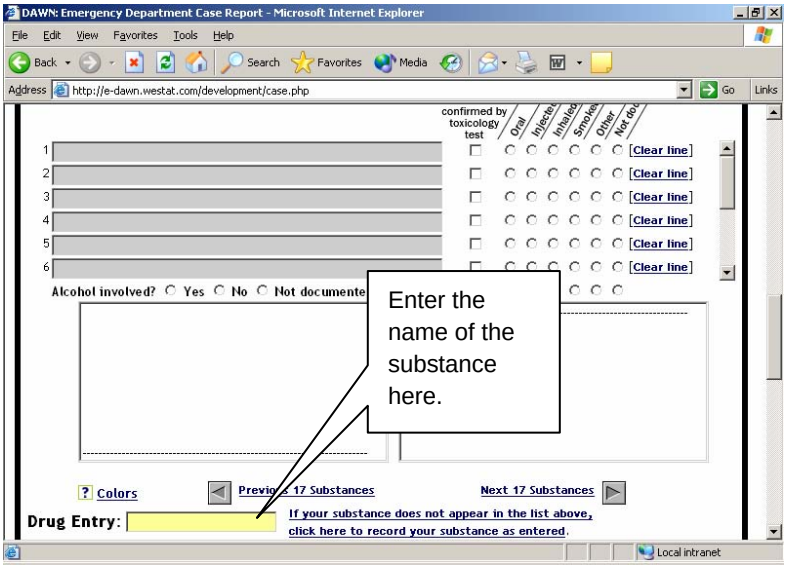


Figure 5-13b Substance(s) Involved Section (Middle)

In the yellow Drug Entry field, enter the name of the substance involved exactly as it appears on the chart. A list of drugs appears in the boxes above the Drug Entry field (see Figure 5-14c).

This list always starts with the drug that matches letter for letter the drug name you typed. If the exact drug you typed does not appear on the list, the drug name in the list that is closest alphabetically to what you typed will be displayed.

The drugs displayed in the list always appear in strict alphabetical order. This list appears in the same way regardless of whether you capitalize the first letter of the drug name (see Figure 5-13c).

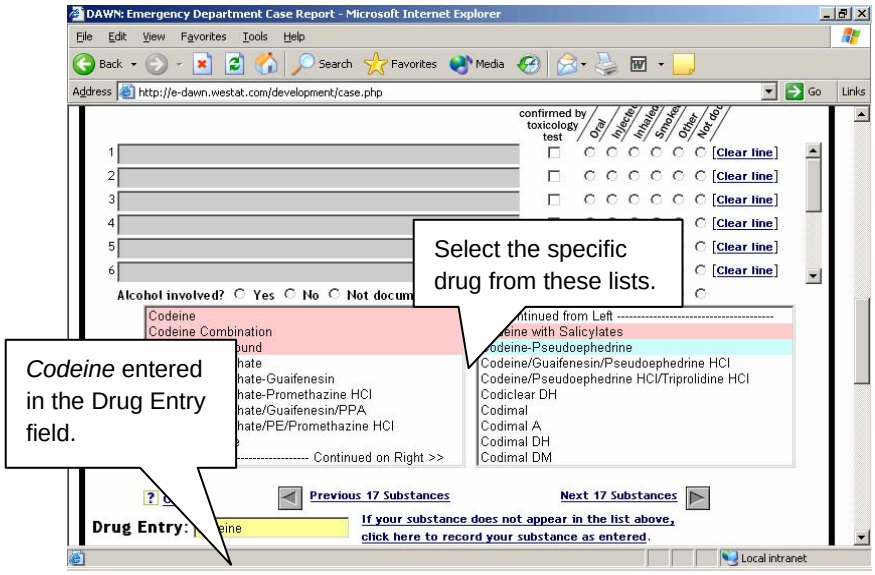


Figure 5-13c Substance(s) Involved Section (Bottom) w/*codeine* Entered in the *Drug Entry* Field

Select the specific drug by clicking on it in the list provided. If necessary, use the arrow buttons under the boxes to display additional selections (see Figure 5-13d).

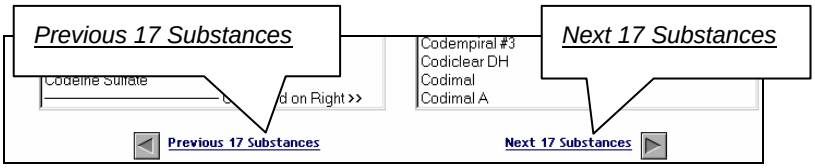


Figure 5-13d Arrow Buttons to View Additional Selections

Since the list is in alphabetical order, the buttons enable you to move backwards or forwards alphabetically.

Once you have selected the specific drug involved from the list provided, this first drug will appear in the field in line 1 of the Substance(s) Involved section.

For example, if you type *codeine* in the Drug Entry field, and then select *Codeine Sulfate* from the list, *Codeine Sulfate* will automatically appear in the gray field in line 1 of the Substance(s) Involved section (see Figure 5-13e).

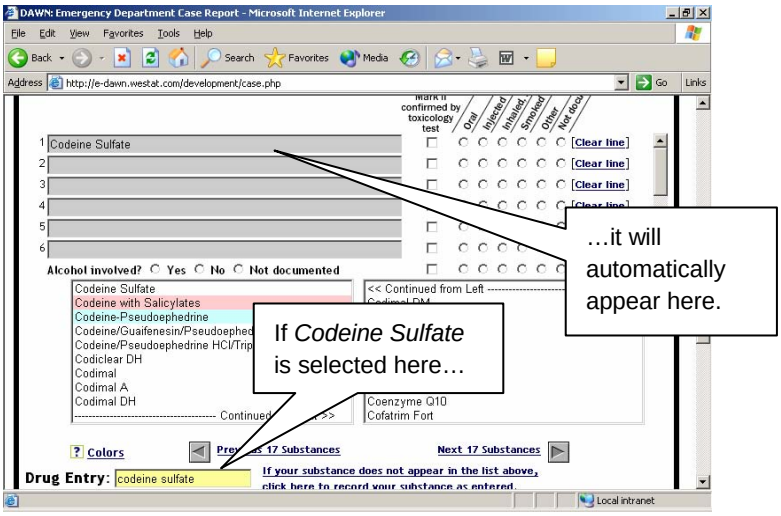


Figure 5-13e Substance(s) Involved Section w/Codeine Sulfate Selected

Once the drug appears in the gray box in line 1 of the Substance(s) Involved Screen, click in the "confirmed by toxicology test," if the substance has been confirmed by toxicology. If the substance **has not** been confirmed by toxicology, leave this field blank (see details in A word about toxicology).

Next, click on the radio button corresponding to the route of administration of the substance, for example, *Oral*, *Injected*, etc. (see Figure 5-13f).

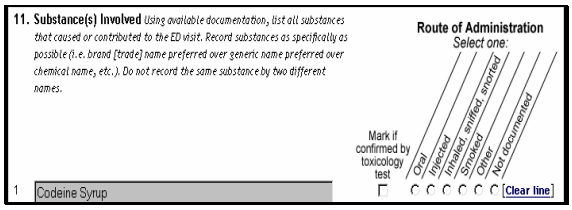


Figure 5-13f Close-up of Box and Radio Buttons

If the drug does not appear in the list, check the spelling of the drug you entered. If you have spelled the drug correctly and you have used the arrow buttons to review the whole list and your entry does not appear, click on the blue line that reads, *If your substance does not appear in the list above, click here to record your substance as entered* (see Figure 5-13g).

Figure 5-13g If your substance does not appear in the list above, click here to record your substance as entered

When you do this, a pop-up window will appear, enabling you to enter any information you might have about this substance (see Figure 5-13h). Enter any additional information in the field provided, then click on the button titled, *Record the Description*.

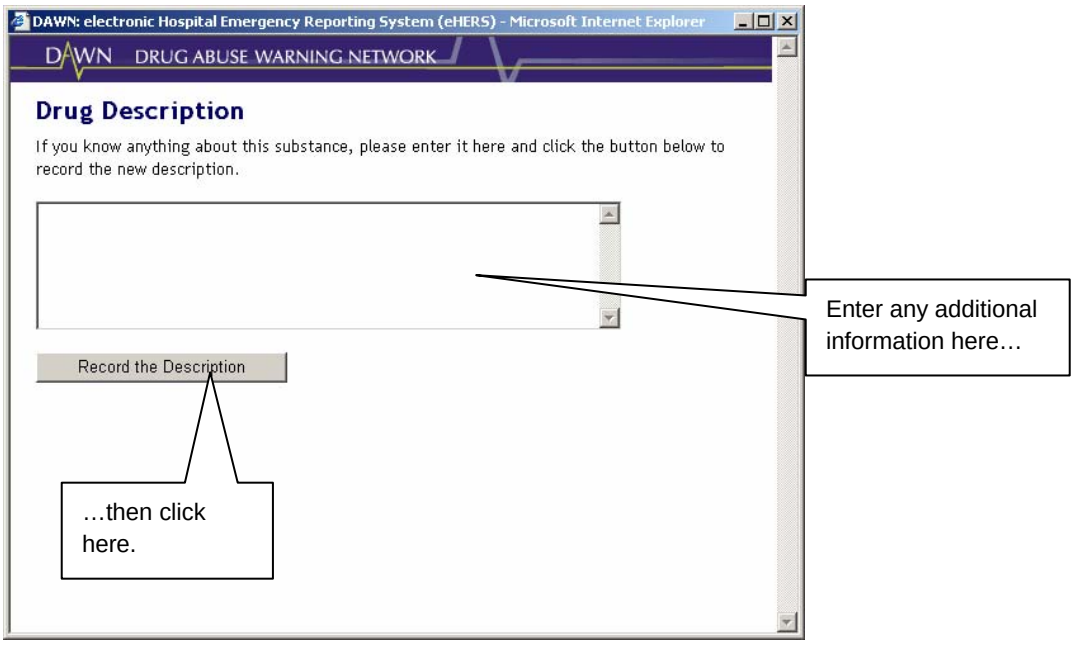


Figure 5-13h Pop-up When Drug Does Not Appear on the List

Since the list of drugs is very extensive, you should be certain that you have read the chart and typed the drug name correctly before choosing this option.

When you click on a drug name to select it from the list of drugs, be sure to click only once on the selection. If you click twice on a selection, your selection will erroneously appear in the gray boxes on two lines, and the same drug will mistakenly be reported twice. Should this accidentally happen, click on the words, *Clear Line*, that appear at the end of the line in which the second selection appears (see Figure 5-13i).

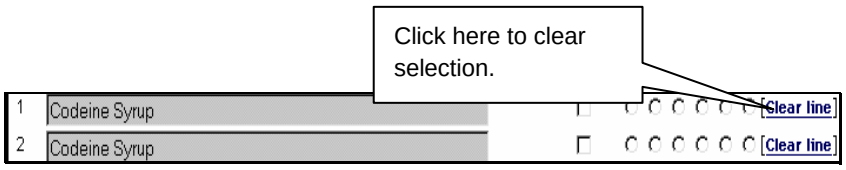


Figure 5-13i Same Drug Accidentally Selected Twice

A word about inhalants

If you select an **inhalant** from the list, **the Route of Administration will automatically be set to *Inhaled, sniffed, snorted*.**

If you change the route to something else, the following message will appear:

> *You have specified a substance that is listed as 'Inhalant Only' but have selected a route other than 'Inhaled, sniffed, snorted'.*
>
> *If the route should be 'Inhaled, sniffed, snorted', click the [OK] button.*
>
> *If you wish to remove this substance from the list, click the [Cancel] button.*

Pharmaceutical inhalants, such as anesthetic gases, are reportable to DAWN. Anesthetic gases include gases such as nitrous oxide.

A **non-pharmaceutical** substance may be reportable to DAWN if it **was inhaled, snorted or sniffed.** A non-pharmaceutical inhalant must also have psychoactive properties (i.e., affect the brain like a drug) when inhaled. **Carbon monoxide, although a gas, is NOT reportable to DAWN.**

Is the inhalant listed in eHERS? If YES, it is reportable to DAWN.

EXAMPLES

Adhesives:	Model airplane glue, household glue, rubber cement.
Aerosols:	Spray paint, hairspray, air freshener, deodorant, fabric protector (Scotchguard).
Solvents:	Nail polish remover, paint thinner, correction fluid and thinner, toxic markers, pure toluene, cigar lighter fluid, gasoline, carburetor cleaner, octane booster.
Cleaning agents:	Dry cleaning fluid, spot remover, degreaser.
Food products:	Aerosol vegetable cooking spray, aerosol dessert topping (such as whipped cream, whippets).
Volatile gases:	Butane, propane, helium.
Nitrites:	Amyl nitrite, butyl nitrite, "poppers," "snappers," "rush," "locker room," "bolt," "climax," video head cleaner.
Freons:	Freons of any type.

A word about benzodiazepines (*benzos, BZD*)

The terms *Benzodiazepines, benzos,* and *BZD* frequently appear in toxicology results. All refer to the class of drugs known as *benzodiazepines*. To report drugs as specifically as possible, look in other parts of the chart for a more specific drug name.

- **Good:** Report benzodiazepines or benzos, if a generic or brand name is not documented in the chart. Select confirmed by toxicology, if the toxicology was positive for benzodiazepines.
- **Better:** Report the generic name, if documented in the chart and no brand name is documented. Do not select confirmed by toxicology if the test was only positive for the class, benzos.
- **Best:** Report the brand name, if documented in the chart. Brand names are not confirmed by toxicology.

The following are examples of benzodiazepines commonly found in DAWN Cases:

Generic name	Brand name
alprazolam	Xanax
	Xanax XR
	Xanbar
bromazepam	Lexomil
chlordiazepoxide	Librium
clonazepam	Klonopin
diazepam	Valium

Generic name	Brand name
flunitrazepam	Rohypnol
flurazepam	Dalmane
lorazepam	Ativan
midazolam	Versed
oxazepam	Serax
temazepam	Restoril
triazolam	Halcion

A word about opiates

Opiates frequently appear in toxicology results. Opiates or *opioids* are a class of pain relievers. To report drugs as specifically as possible, look in other parts of the chart for a more specific drug name.

- **Good:** Report opiates, if a generic or brand name is not documented in the chart. Select confirmed by toxicology, if the toxicology was positive for opiates.
- **Better:** Report the generic name, if documented in the chart and no brand name is documented. Do not select confirmed by toxicology if the test was only positive for the class, opiates.
- **Best:** Report the brand name, if documented in the chart. Brand names are not confirmed by toxicology.

The following are examples of opiates commonly found in DAWN Cases:

Generic name	Brand name
heroin	
codeine	Tylenol with codeine
acetaminophen-codeine	Tylenol #3
	Tylenol #4
hydrocodone	Hydrocet
acetaminophen-hydrocodone	Lorcet
	Lortab
	Vicodin
hydrocodone-ibuprofen	Vicoprofen
hydromorphone	Dilaudid
morphine	Avinza
	Kadian
	MSContin
	Oramorph SR

A word about street names

If the chart refers to a drug by a street name (for example, *Horse*), a pop-up screen will appear (see Figure 5-13j) containing a standard description of the drug bearing that street name (for example, for the street name *Horse*, a standard description might be *Heroin*).

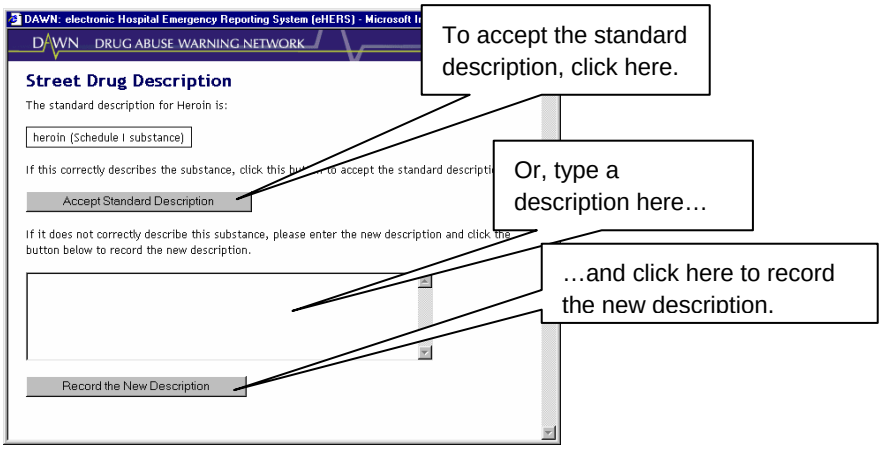


Figure 5-13j Pop-Up Screen with Street Drug Description

You can accept the standard description by clicking on the button titled, *Accept Standard Description.* Or, if the street term has a different meaning in your locale, you may type a description for the street name in the box provided, and then click on the button titled, *Record the New Description.*

A word about toxicology

If a **toxicology** test was performed and returned positive for the specific drug, click in the box on the line next to the drug. If the toxicology report for that drug was negative, the substance should not be listed even if it was listed in the presenting complaint.

Only check the Toxicology Test Box if the test was returned positive for the specific drug you are reporting.

Examples:

marijuana = cannabinoids =THC	*cocaine* = benzoylecgonine
PCP = Phencyclidine	*acetaminophen= APAP*
salicylates = aspirin/generic	

REMEMBER!

- Positive test results **alone** do not make a DAWN case!
- If a substance mentioned in the presenting complaint comes back with a toxicology report that is **negative, do not report the substance.**
- If the chart indicates drug unknown or polysubstance, use the toxicology results to identify substances to report.

- Brand names are **never** confirmed by toxicology tests. If both the brand name and the generic name are given in the chart, record the brand name and **do not** check *Confirmed by Toxicology Test.*
- When in doubt**, do not** check *Confirmed by Toxicology Test*.
- Report current medications only if related to the visit.

How to enter the route of administration

For each substance listed in Item #11, click in the appropriate circle under the route of administration that has been documented in the chart. If the route of administration is not documented in the chart, click in the *Not documented* box. The pre-recorded routes of administration are defined below:

Oral **–** Substance was taken by mouth and swallowed.

Injected **–** Substance was administered via needle. Intravenous (IV) use would be included in this category.

Inhaled/sniffed/snorted **–** Substance, regardless of form (nitrous oxide, powder, etc.) was aspirated (taken into the respiratory system) through the nose or mouth. "Huffing" would be included in this category.

Smoked **–** Substance was smoked (includes freebase).

Other **–** All other routes of administration.

Not documented **–** To be used whenever the route of administration is not documented in the patient's chart.

Do not make assumptions about how the substance was consumed. For example, do not assume that alcohol was consumed orally, that antibiotics were taken orally, that marijuana was smoked, that cocaine was snorted, or that heroin was injected

If there were multiple routes of administration, record the same drug by the same name on multiple lines. For example, if cocaine was both freebased and snorted, record cocaine on two lines and click the button for *snorted* on one line and the button for *smoked* on the other.

How to indicate alcohol involvement

After entering information about every drug involved in the case, indicate whether alcohol was also involved, by selecting the appropriate radio button (see Figure 5-14).

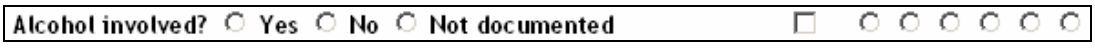


Figure 5-14 Radio Buttons for Alcohol Involvement

If alcohol was involved, indicate whether this has been confirmed by toxicology, and indicate the route of administration. To view the remaining fields, scroll to the bottom of the screen.

Do not record alcohol on any other line. If alcohol is the **only** substance implicated in the visit, record it only if the patient is under age 21. If alcohol is the only substance and the patient is age 21 or older, it is **not** a DAWN case.

The difference between *No* and *Not Documented* is that *No* is only used if the chart specifically states that there was no alcohol involved in the ED visit. For example, the toxicology report was negative for ETOH. If the chart does not mention *alcohol*, click in the *Not documented* box.

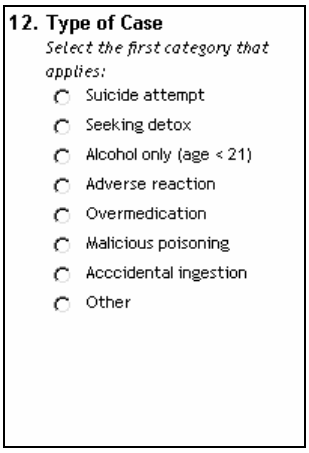


Figure 5-15 Radio Buttons for Type of Case

Type of Case - This item will be used to distinguish different types of cases. For example, substance abuse treatment specialists may be most interested in cases seeking detox, while prevention advocates may be interested in alcohol use by minors. Use the Decision Tree (Appendix D) and indicate the type of case by selecting the first appropriate radio button (see Figure 5-15).

An important characteristic of this data item is that the answer categories are organized in a hierarchy. Although a DAWN case might fit into more than one category, you are to classify the case into the **first** *Type of Case* category that applies. Even if more than one category applies, pick the **first** category that matches. Note that you may only make one selection from the following:.

Suicide attempt **–** This category is defined strictly as a genuine "suicide," "suicide attempt," or "attempted to kill self" by means of, or as a result of a drug or substance overdose. A note, a call, mention by friend or family member, or some other documentation (e.g. diagnosis) must be in the chart. Do not include suicidal "ideation" or "depression" without a documented suicide attempt.

Seeking detox **–** The chart contains documentation that the patient is seeking "detox," "rehab," or "medical clearance" for "help for a drug problem."

Alcohol only **–** This category is used strictly for patients **under 21 years** of age for whom alcohol was the **only** reportable drug. **Note: Alcohol only cases with documentation in the chart indicating suicide attempt or seeking detox fall in the first case type that applies – *Suicide attempt or Seeking detox.***

Adverse reaction **–** This category refers **only** to those patients having a **reaction to a prescription or OTC drug or dietary supplement where the drug was taken according to directions**. These cases include allergic reactions to drugs and drug interactions. NOTE:

Reactions to illicit drugs are **not** included in this case type. (Note: allergic reactions to foods or insect bites are **not DAWN**).

Overmedication – These patients took more than the recommended dose of a prescription or OTC drug or dietary supplement. This includes, but is not limited to, the following reasons:

- Patients who forgot they had already taken a dose
- Those who took extra dose(s) to make up for a missed dose
- Patients who took more medication because their symptoms did not subside with the recommended dose

This case type includes patients who took more than the recommended dose for recreational or abuse purposes.

Illicit drugs are not included in this case type.

Malicious poisoning – These cases include patients deliberately poisoned by someone else. This category includes drug-facilitated assault, drug-facilitated rape, and product tampering.

Accidental ingestion – This category includes cases in which a person has ingested a drug accidentally or unknowingly. This includes children who ingest drugs, those who inhale non-pharmaceutical substances by mistake, or individuals who ingest a drug not realizing its nature.

Other – This includes all other drugs and substances not classified above. This category includes all other cases in which drug dependence, abuse, withdrawal, suicidal ideation or gesture, recreational use, or reason unknown (patient comatose) caused or contributed to the ED visit.

Note: This case type may capture the majority of the DAWN cases you identify.

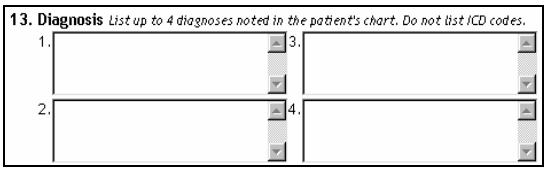


Figure 5-16 Diagnosis

Diagnosis - Type up to four diagnoses noted in the patient's chart. **Do not enter ICD-9 Codes** (see Figure 5-16). If several distinct diagnoses are listed in the chart, use a different line for each diagnosis.

Diagnoses are determined during the visit, generally after the medical assessment, so they may be different from the presenting complaint.

Record the diagnoses verbatim. Enter "None" on the first line, if no diagnosis was made or recorded on the chart.

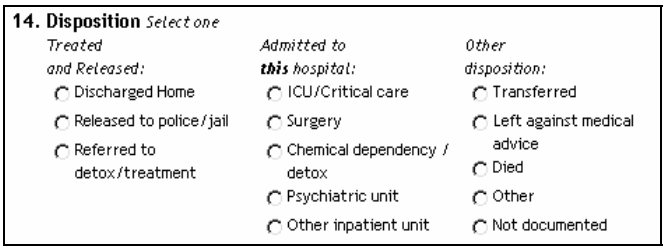


Figure 5-17 Radio buttons for Disposition

Disposition - Indicate the disposition of the case by selecting the appropriate radio button (see Figure 5-17). **Do not code Disposition based only on the Chief Complaint.**

The disposition describes the outcome of the patient visit, whether the patient was treated and released, was admitted as an inpatient, was transferred to another health care facility, died, and so forth. The disposition may provide an indication of the severity of the condition caused or related to the drug use, misuse, or abuse.

Click next to the **one** response that best describes the disposition of the patient following treatment in the ED, based on the documentation in the chart. The response categories are:

- *Treated and released*

  (01) *Discharged home* – "Home" is used as a broad category to mean discharged to the patient's residence. Home is generally used for people who live locally; however, for students at nearby universities, home means their university; for travelers who get sick on the road, it may mean their hotel or wherever they are staying, and so forth.

  (02) *Released to police/jail* – Use this category if the patient was released into the custody of the police or was transported/returned to jail after the ED visit.

  (03) *Referred to detox/treatment* – Use this category if the chart indicates that the patient was referred to a substance abuse treatment or detox facility or provider to deal with his or her substance abuse problem. If the patient was discharged home and also referred to detox/treatment, enter "referred to detox/treatment."

- Admitted to this hospital

  If the patient was admitted to this hospital, choose the location that best represents the unit to which the patient was admitted:

  (04) *ICU/Critical care* (use this category for admissions to an intensive or critical care unit)

  (05) *Surgery*

  (06) *Chemical dependency/detox unit*

  (07) *Psychiatric unit*

  (08) *Other inpatient unit* (use this category if the inpatient unit was not specified or does not match one of the preceding units)

- *Other disposition*

If the patient was not treated and released or admitted to this hospital, select from among the following:

(09) *Transferred* – The patient was transferred to another health care facility.

(10) *Left against medical advice* – The patient left against the advice of ED staff.

(11) *Died* – The patient died after arriving in the ED but before being discharged, admitted, or transferred.

(96) *Other* – The discharge status is documented in the chart but does not fit into any of the preceding categories.

(98) *Not documented* – There is no information in the chart about the patient's disposition.

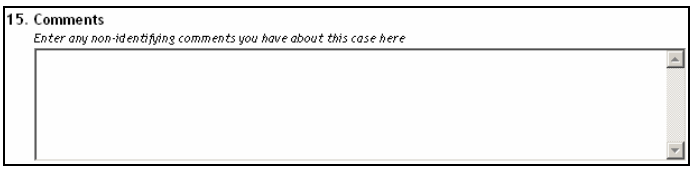


Figure 5-18 Comments Field

Comments – Type in this field any additional information or comments that may help the Home Office understand this DAWN Case (see Figure 5-18).

5.5 How to Submit the Form

To submit the form, scroll down to the bottom of the screen.

If you will not need to edit this record later, click on the button titled, *Save Case as COMPLETE*. You cannot save a case as *COMPLETE* until you have provided data for all the fields.

If you know that you will need to edit the record later, click on the button titled, *Save Case as INCOMPLETE*. (see Figure 5-19).

You may want to leave a case as *incomplete* for various reasons. It may be that some information is missing from the chart and you want to see if you can get the missing information from other sources in the hospital. Or, you may have complete information, but may want to confer with someone else to ensure you are interpreting a note correctly, or reading the handwriting in the chart correctly.

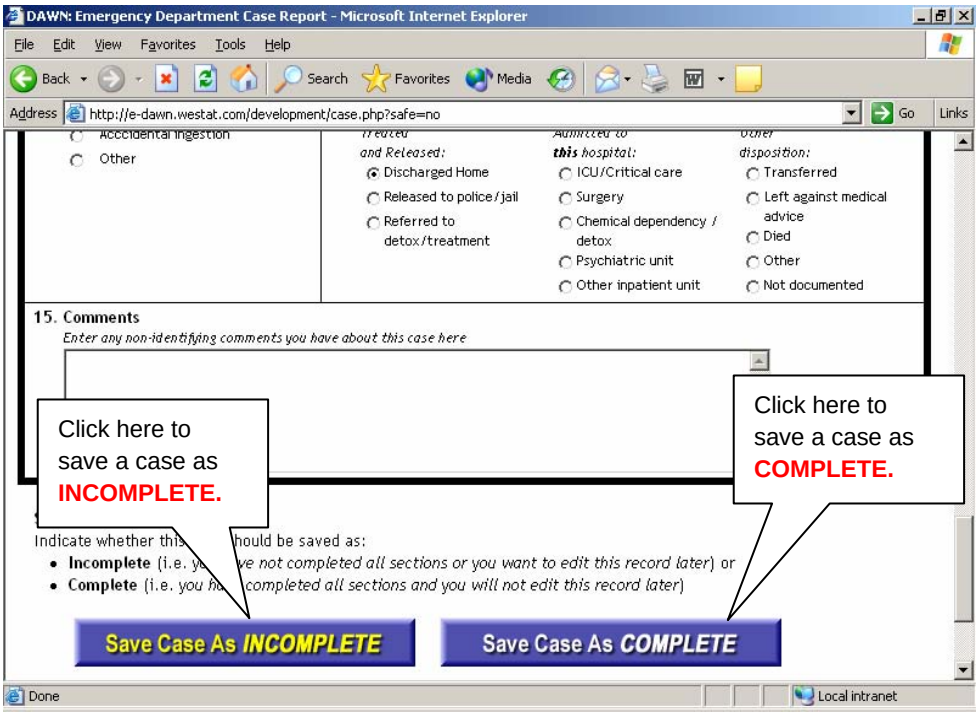


Figure 5-19 Fields at the Bottom of the Screen

Note that if you have completed the fields inappropriately, a pop-up message will appear, indicating that you cannot save the Case Report.

For example, if you identify the substance as an illicit drug, such as *heroin*, then under *Type of Case*, you should not select *Adverse Reaction* or *Overmedication.* If you mistakenly do this, you will receive the pop-up message indicating that you cannot save the Case Report

Once you select *Save Case as COMPLETE* and log off the system, you will not be able to make any changes to the case record except for those discussed in the following section and you will not be able to delete it.

5.6 About Potential Errors Regarding Drug Entries

After you have selected *Save Case as Complete*, the eHERS application checks the entries for internal consistency and completeness. There are some instances in which you will be allowed to make changes to the case record, if a possible error is detected.

One instance pertains to entering the same substance twice under different names. This might occur in the set of fields titled, *Substances Involved*, specifically in the field titled, *Drug Entry* (see Figure 5-20).

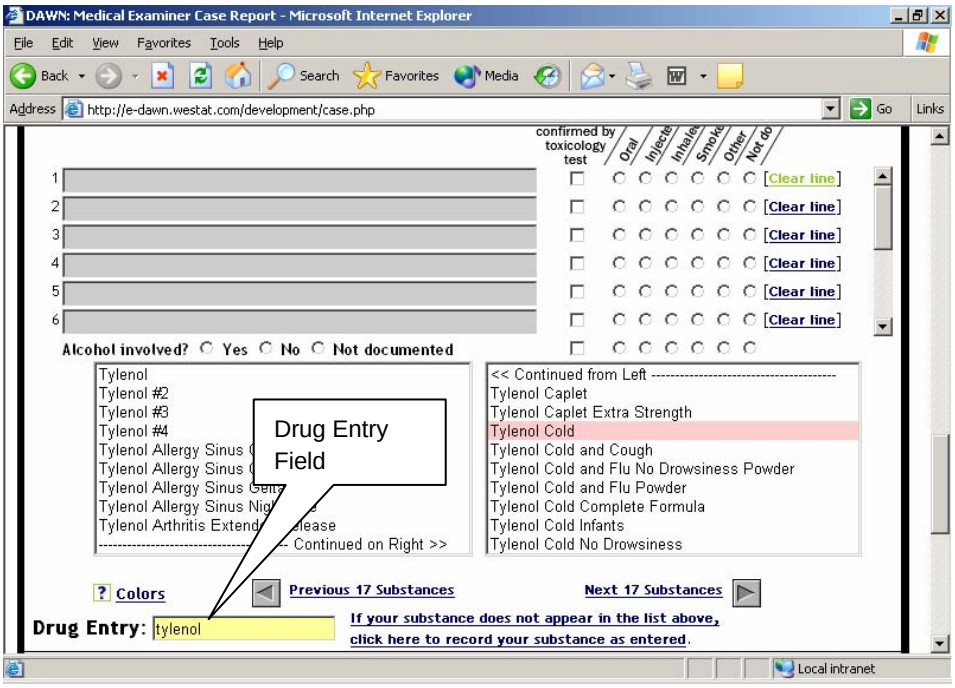


Figure 5-20 Substance(s) Involved Section w/Drug Entry Field

For example, suppose you type *Tylenol* in the Drug Entry field, and indicate that it was administered orally, by clicking in the radio button under the word, *Oral* (see Figure 5-21).

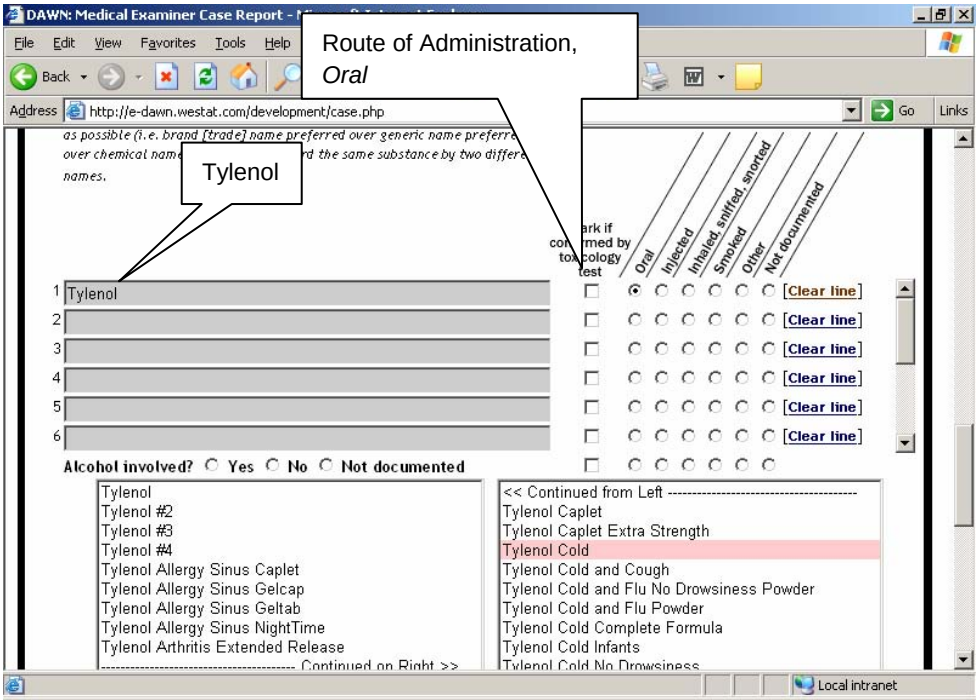


Figure 5-21 *Tylenol* Selected as the Drug and *Oral* Selected as the Route of Administration

Then suppose you return to the Drug Entry field and type, *acetaminophen* (the same drug contained in Tylenol), and again select *Oral* as the Route of Administration (see Figure 5-22).

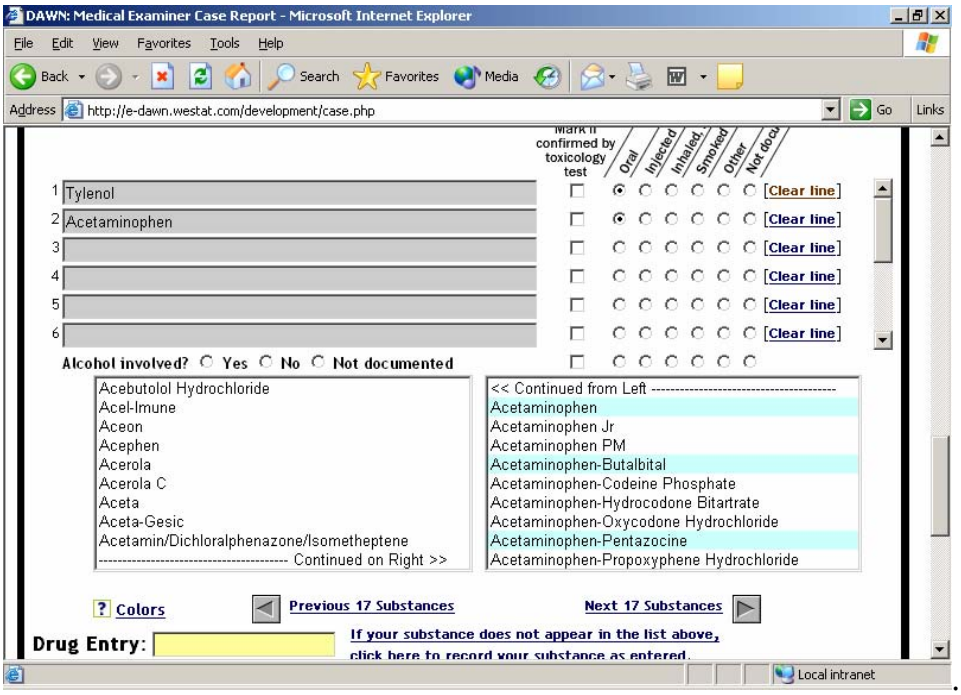


Figure 5-22 *Acetaminophen* Selected as the Second Drug and *Oral* Selected Again as the Route of Administration

Because the two drugs in our example are the same, and **because they were both administered in the same way**, the system will display a screen like the one in Figure 5-23, explaining that this may be a possible duplication, and enabling you to delete one of the entries by clicking on a link.

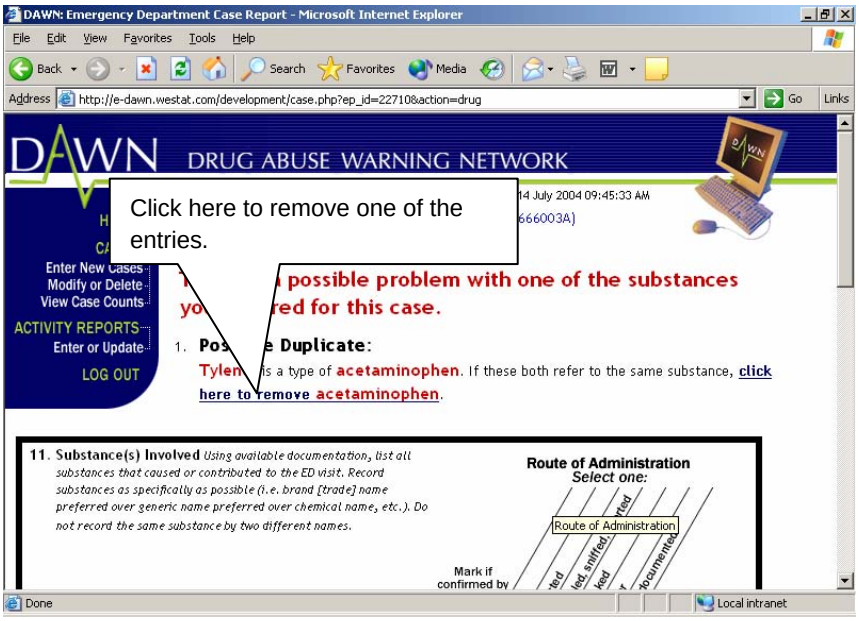


Figure 5-23 Screen Describing Potential Error

Either delete one of the entries or, if both entries are appropriate, ignore the warning. Then scroll down and click on the button titled, *Save Case as Complete.*

Another instance in which you may make changes to the case record after you have selected *Save Case as Complete*, pertains to selecting a non-specific drug in the *Drug Entry* field. Non-specific drugs appear outlined in pink in the drug lists (see Figure 5-24).

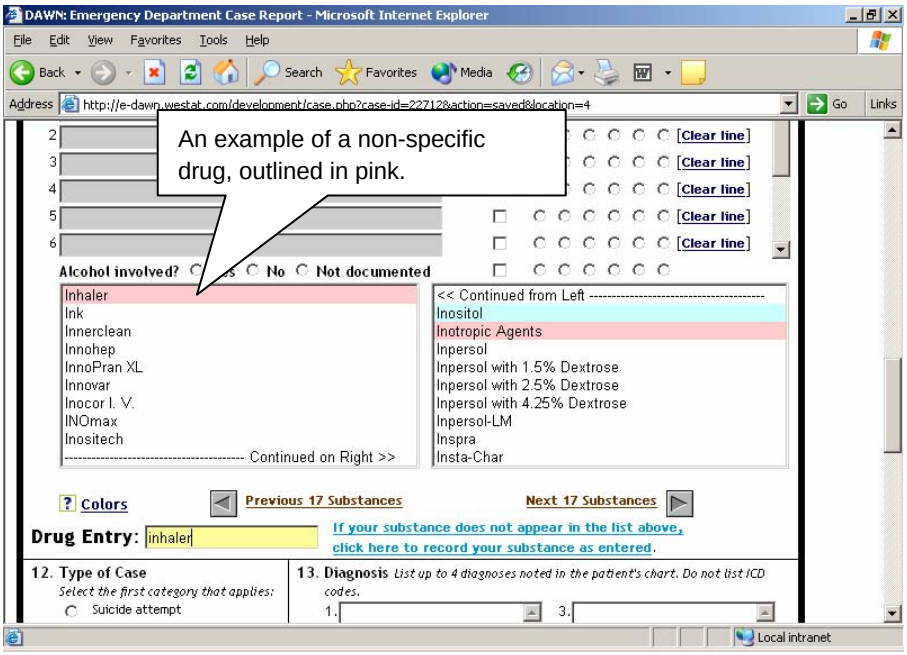


Figure 5-24 Non-specific Drug

Should you select a non-specific drug and click on *Save Case As Complete*, a screen will be displayed, similar to the one in Figure 5-25, alerting you to a possible problem and enabling you to display a list of drugs similar to the non-specific drug you have selected, from which you may, if you choose, select a more specific drug.

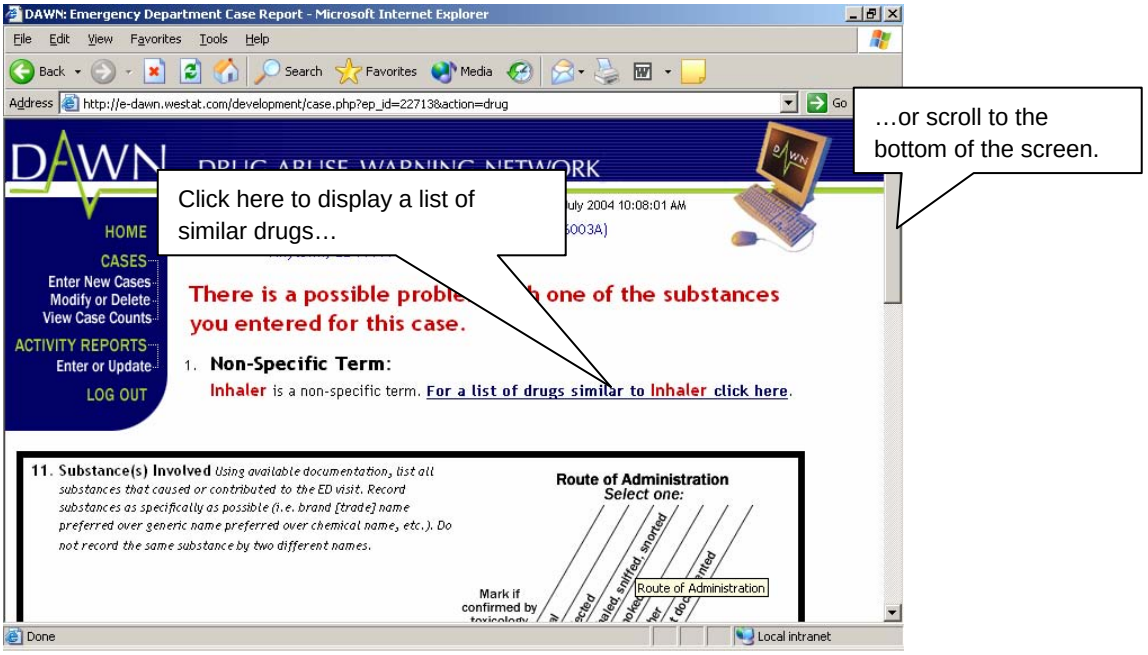


Figure 5-25 Non-specific Drug Possible Problem Screen

Or, if you do not wish to choose a more specific drug, simply scroll down to the bottom of the screen and click again on *Save Case As Complete* (see Figure 5-26).

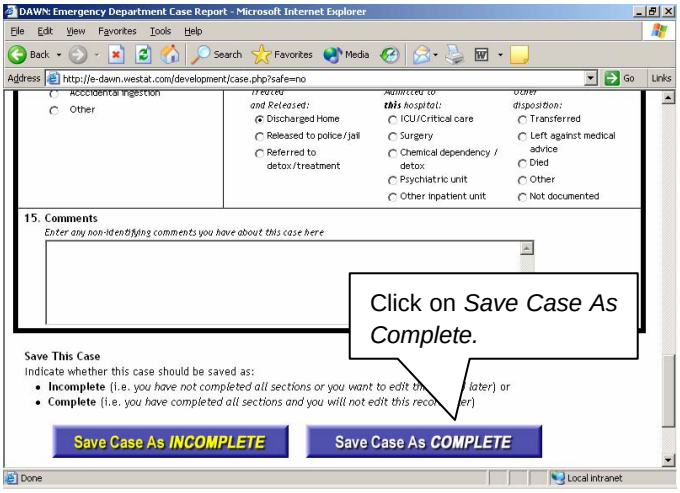


Figure 5-26 Scroll down and Click on *Save Case As Complete*

Yet another instance in which you may make changes to the case record after you have selected *Save Case as Complete*, pertains to selecting either caffeine or nicotine where these substances didn't contribute to the case.

For example, someone who overdosed on heroin, may have had a cup of coffee beforehand, but the resulting caffeine didn't contribute to the suffocation from the overdose.

In instances in which caffeine or nicotine have been selected, a screen will be displayed similar to the one in Figure 5-27, explaining that this may be a possible problem and enabling you to delete the pertinent entry by clicking on a link.

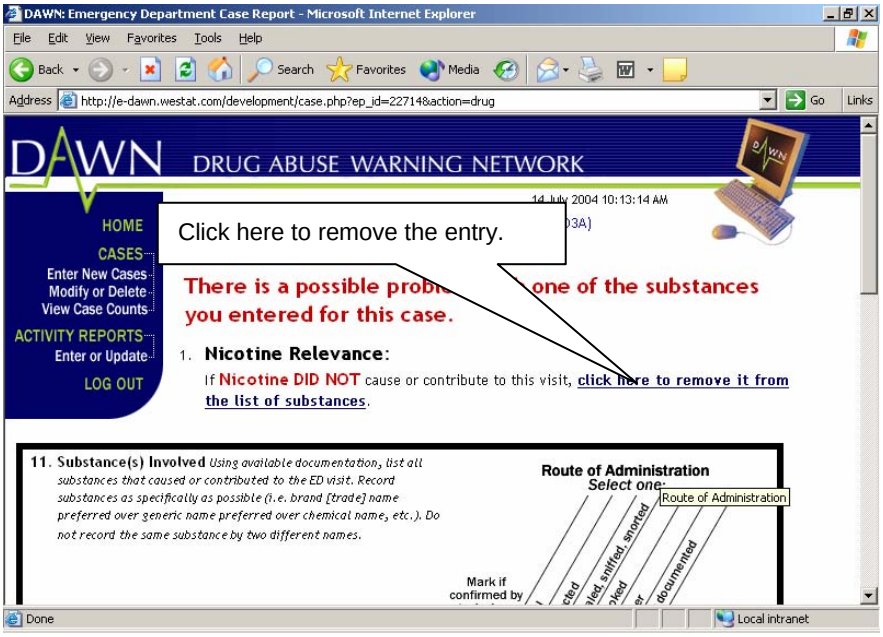


Figure 5-27 Caffeine (or Nicotine) Relevance Screen

If appropriate, delete the entry. Then scroll down and click on the button titled, *Save Case as Complete.*

5.7 About Potential Duplicate Case Entries

It sometimes happens that the same case is entered twice by mistake. If you enter a case that closely matches a previously entered case, a screen will be displayed containing a summary of the case just entered and a summary of previously entered cases that closely resemble the recently entered case (see Figure 5-28).

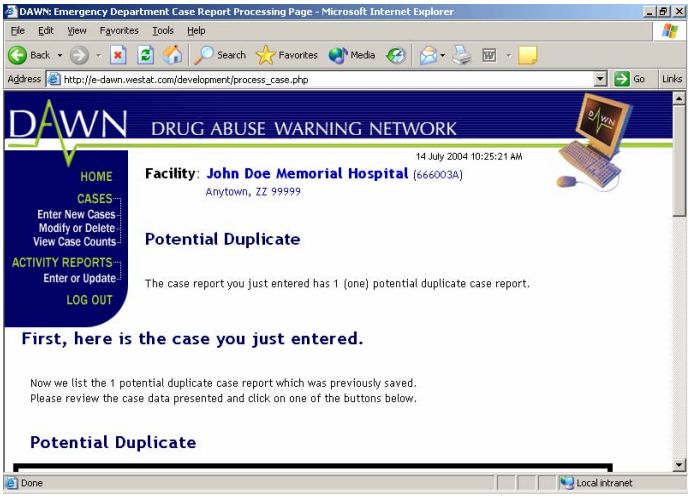


Figure 5-28 Potential Duplicate Screen (Top)

Scroll down to view the potential duplicates (see Figure 5-29).

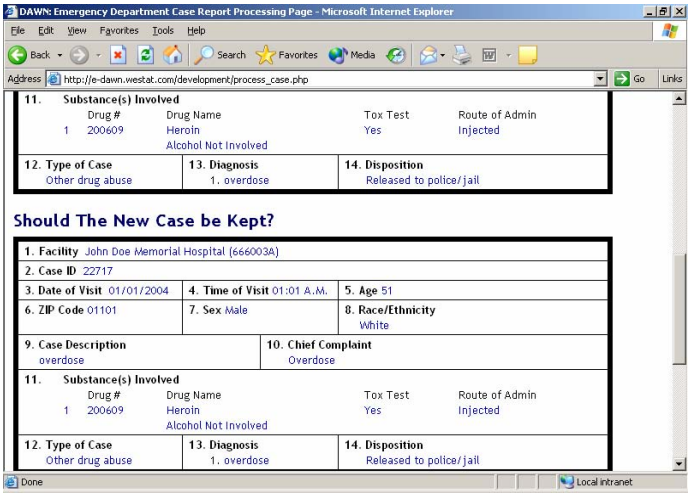


Figure 5-29 Potential Duplicate Screen w/Potential Duplicate Case

After you have reviewed the potential duplicate case or cases:

- If you determine that the newly entered case is a duplicate and you wish to delete it, click on the button titled, *Duplicate: Delete New Case* (see Figure 5-30). This will return you to a blank Emergency Department Case Report screen, where you may then enter a new case.
- If the case is not a duplicate, and you wish to keep it, click on the button titled, *Not a Duplicate: Keep New Case.* (see Figure 5-30). This will return you to a blank Emergency Department Case Report screen, where you may then enter a new case.
- If the case is not a duplicate, but you wish to go back and edit it, click on the button titled, *Not a Duplicate: Edit New Case* (see Figure 5-30). Unlike the first two options, this will return you to the case that you have entered in the Emergency Department Case Report screen, where you may then edit the case.

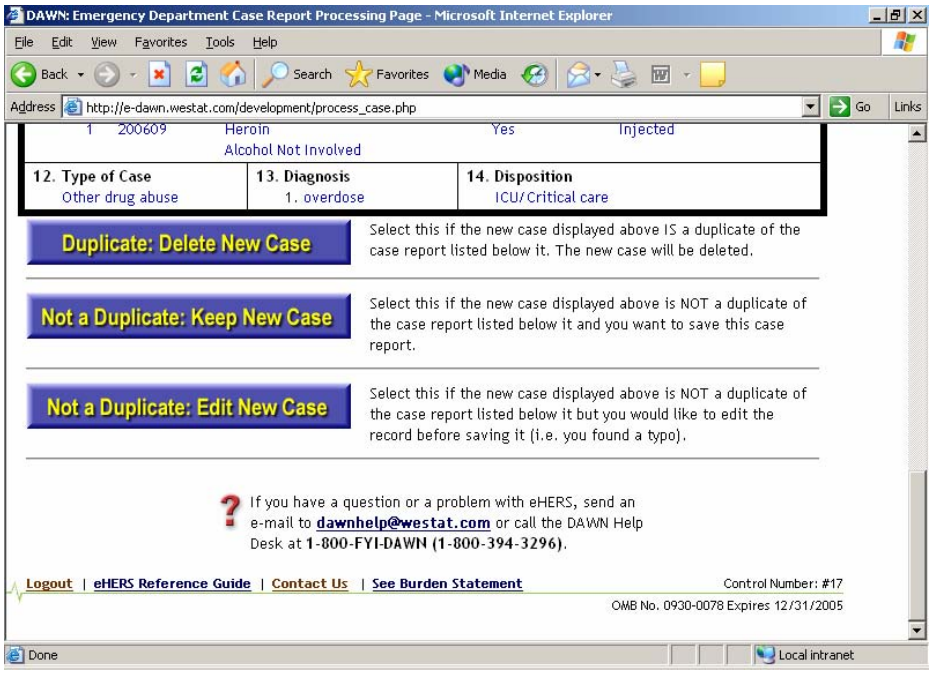


Figure 5-30 Potential Duplicate Screen (Bottom)

6. How to Modify or Delete an Incomplete Case

To modify or delete an incomplete case, select *Modify or Delete* from the menu in the corner of the screen (see Figure 6-1).

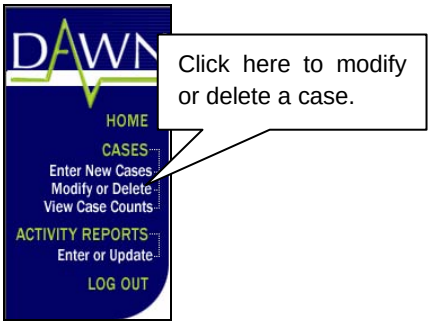


Figure 6-1 Menu in the Corner of eHERS

This will display a table containing a list of incomplete cases (see Figure 6-2).

The table includes the following columns:

- *Case ID* – This ID enables the DAWN Help Desk to identify a specific case. It is assigned automatically by eHERS.
- *Status* – The status of a case is either *Incomplete*, meaning there are additions or changes yet to be made, or *Complete*, meaning there are no more additions or changes to be made.
- *Case Entered On* – The date on which the case was first entered into the system. All dates are *Eastern Time*, meaning that if a case was entered after midnight Eastern Time, the date will reflect the following day, regardless of the Time Zone in which the case was entered. For example, if a case was entered in California at 11:05 P.M. on January 22, the date in the table would be January 23, since 11:05 P.M. in California, is 2:05 A.M. of the following day, Eastern Time.
- *Date and Time of Visit* – The date and time of the visit to the ED. In this case, the date and time reflect the actual date and time of the visit, as recorded in the ED and entered in eHERS.
- *Age* – The age of the patient.
- *Sex* – The sex of the patient.

If the patient's age or sex has not yet been entered in an incomplete case, the item will be left blank.

Cases are displayed sorted by the date and time of the visit, with the oldest case appearing first. To reverse the order in which the cases appear, click on the column head, *Date and Time of Visit.*

Click on any of the other column heads to sort the list in ascending order by that specific item (for example, to sort the list in ascending order by the age of the patient, click on the column head, *Age*). Click a second time on the column head to sort the list in descending order.

If the list extends below the screen, click and grab the scroll bar on the right-hand side to view the rest of the list (see Figure 6-2).

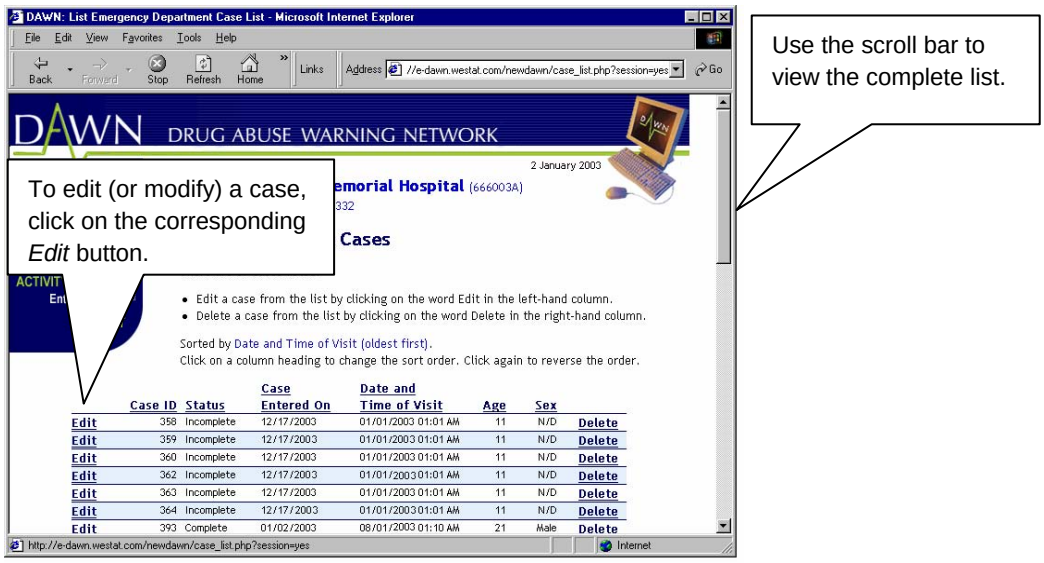


Figure 6-2 Table Containing List of Incomplete Cases

6.1 How to Modify a Case

To edit (or modify) a case, click on the corresponding underlined word, *Edit* (see Figure 6-2). This will display the Emergency Department Case Report that is currently saved in eHERS.

Click and grab the scroll bar on the right-hand side to view the additional fields that extend below the screen.

Modify or edit the Emergency Department Case Report by clicking in the field containing the information you wish to add or change (For instructions on how to enter information in the fields of a Case Report, see the section in this manual, titled, "The Emergency Department Case Report").

After you have finished making the modifications to the Emergency Department Case Report, follow the same procedures as when you first entered the case record.

If you know that you will not need to edit this record later, save your changes by clicking on the button at the bottom of the screen titled, *Save Case as COMPLETE* (see Figure 6-3). You can only save the case as *COMPLETE* if you have entered data in all the fields.

If you know that you will need to edit the record later, scroll down to the bottom of the screen and save your changes by clicking on the button at the bottom of the screen titled, *Save Case as INCOMPLETE* (see Figure 6-3).

Once you select, *Save Case as COMPLETE*, and log off the system, you will not be able to make any changes to the case record and you will not be able to delete it.

Figure 6-3 Close-up of Buttons at the Bottom of the Emergency Department Case Report Screen

6.2 How to Delete a Case

To delete a case:

1. From the table of incomplete cases, click on the underlined word, *Delete* in the row corresponding to the case you wish to delete (see Figure 6-4).

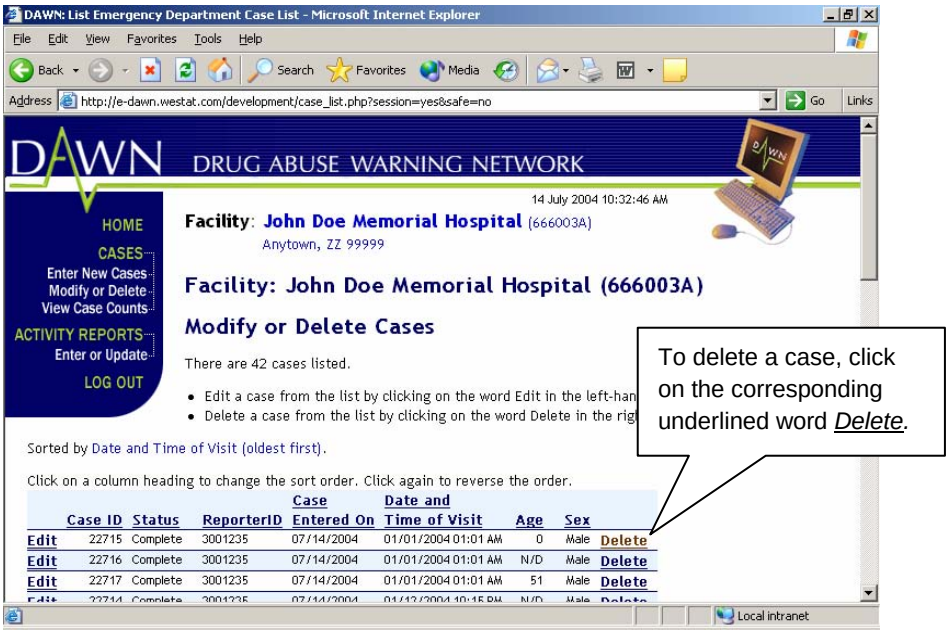


Figure 6-4 Table Containing List of Incomplete Cases

This will display the Delete an Emergency Department Case screen (see Figure 6-5).

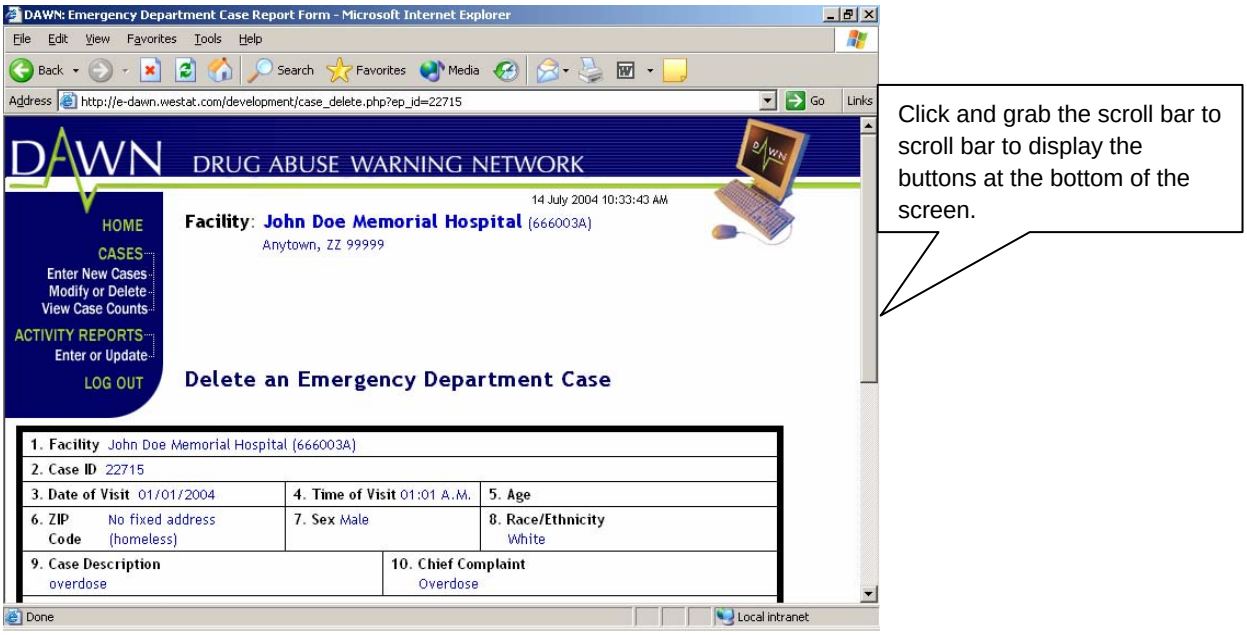


Figure 6-5 Emergency Department Case Screen

Review this case record to make sure it is the one you want to delete.

To delete this case, scroll down to the bottom of the screen and click on the button titled, *Delete This Case* (see Figure 6-6).

If you decide you do not want to delete this case record, scroll to the bottom of the screen and click on the button titled, *Do NOT Delete This Case* (see Figure 6-6).

Clicking on either button returns you to the list of incomplete cases.

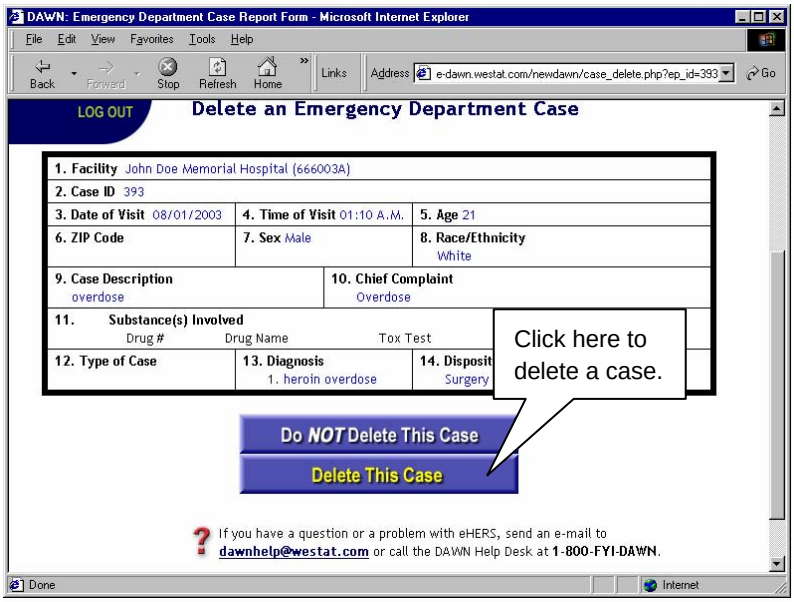


Figure 6-6 Emergency Department Case Screen (Bottom Portion)

7. How to View Case Counts

To view the number of cases, select View Case Counts from the menu in the corner of the screen (see Figure 7-1).

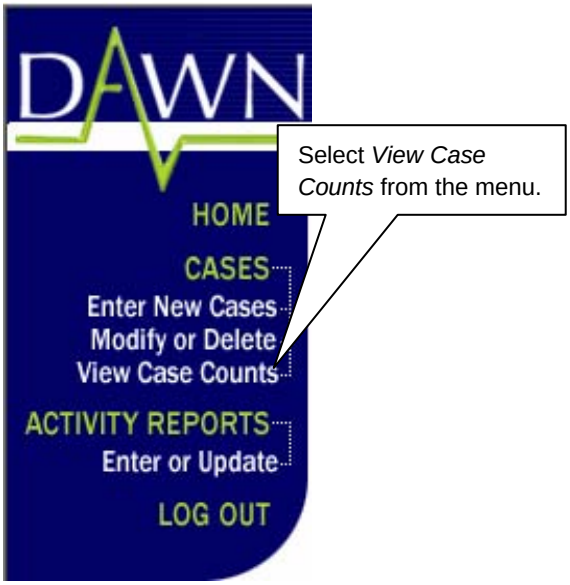


Figure 7-1 Menu in the Corner of eHERS

This will display the View Case Counts screen containing the number of complete and incomplete cases and the month and year in which they entered (see Figure 7-2).

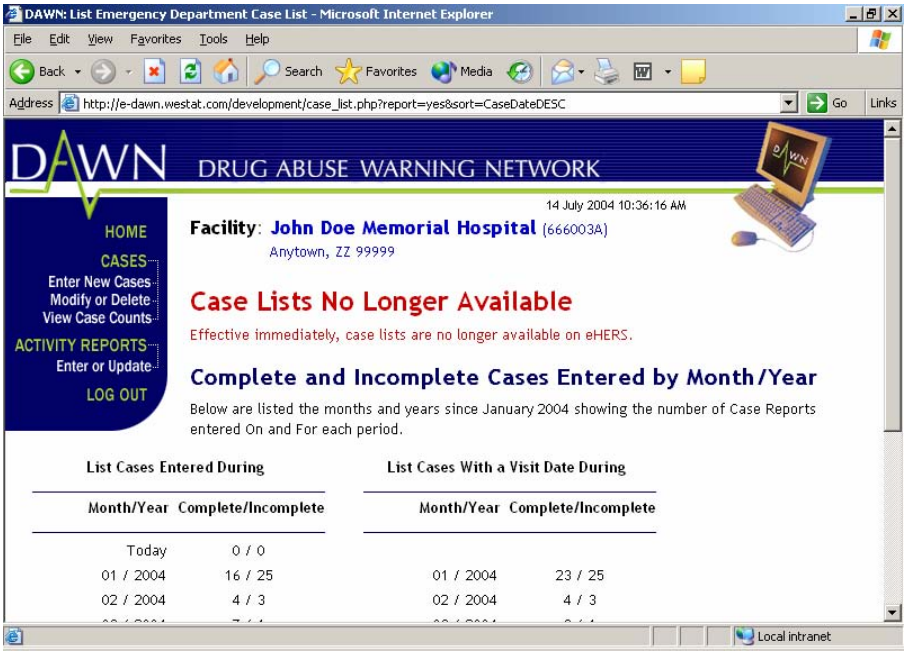


Figure 7-2 View Case Counts Screen

8. How to Enter and Update the Emergency Department Activity Report

The Emergency Department Activity Report contains a month-by-month summary of the previously reported number of ED visits, the previously reported number of charts directly reviewed and entry fields where you can add to these previously reported numbers or make the first entries of those numbers for new months. There is also a field where you can make comments about each number you enter. These comments can help you remember pertinent information about those entries.

The following section describes how to record the required information in the eHERS version of the Emergency Department Activity Report.

8.1 How to Display the Activity Report

To display the Activity Report, from the menu in the corner of the screen, under *ACTIVITY REPORTS*, select *Enter or Update* (see Figure 8-1).

Figure 8-1 Menu in the Corner of eHERS

This will display the Emergency Department Activity Report.

8.2 About the Activity Report Screen

For each month, the Emergency Department Activity Report contains the total number of previously reported ED visits, the total number of charts that you have directly reviewed and a field for comments, all pertaining to the reporting for a given month. (see Figure 8-2).

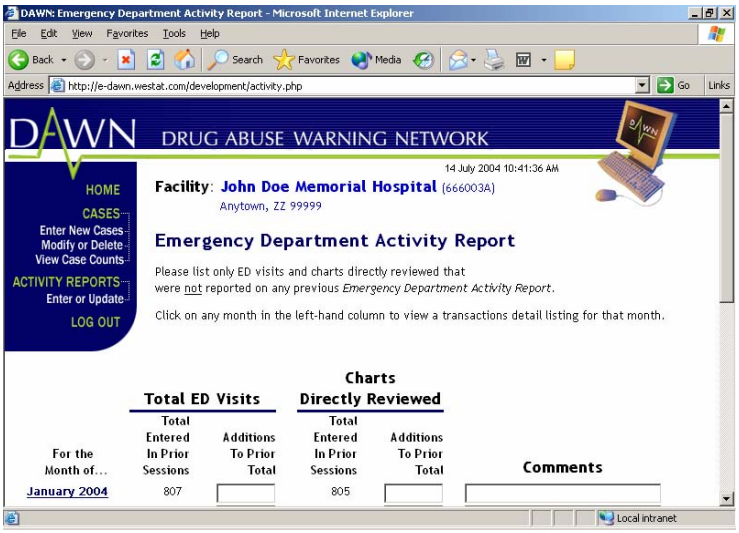


Figure 8-2 Emergency Department Activity Report

If you are the ED's "primary reporter," every time you report type any new information on the total number of ED visits that occurred in that month on the line corresponding to that month. Then type in the number of charts you have directly reviewed, again, on the line corresponding to the month in which the visits covered by those charts occurred. Then type in any comments you with information you may want to remember concerning these totals.

The Emergency Department Activity Report displayed in Figure 8-2 has no entries for the month of January. During the first week of February, you determine that there were 153 ED visits in January. You were able to review the charts for 150 of these visits.

Figure 8-3 shows 153 Total ED Visits typed in under the column heading, *Additions to the Prior Total* and 150 Charts Directly Reviewed, also, under a column heading that reads, *Additions to the Prior Total*. Since no entries had been made for the month of January, the "prior total" in this case is "zero," which is displayed in this screen as "-."

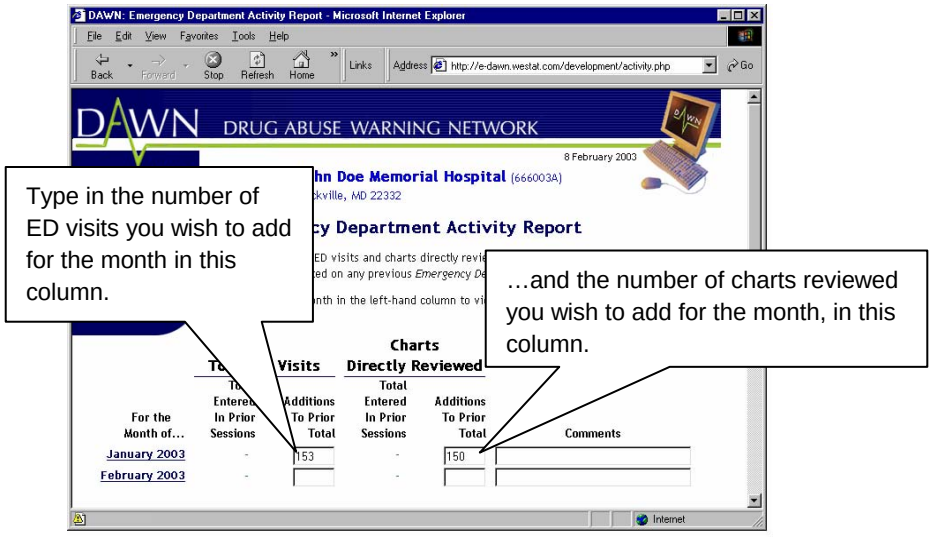


Figure 8-3 Emergency Department Activity Report w/Entries for January

After you type in the number of visits that occurred for that month and the number of charts that you reviewed for that month, to save your entries, scroll down to the bottom of the screen and click in the box next to the words, "By checking this box and clicking on the [Save Activity Report] button I certify that the above numbers are correct." Then, click on the button titled, *Save Activity Report* (see Figure 8-4) **If you enter numbers but do not save your work, the numbers you entered will not be included in the cumulative totals**.

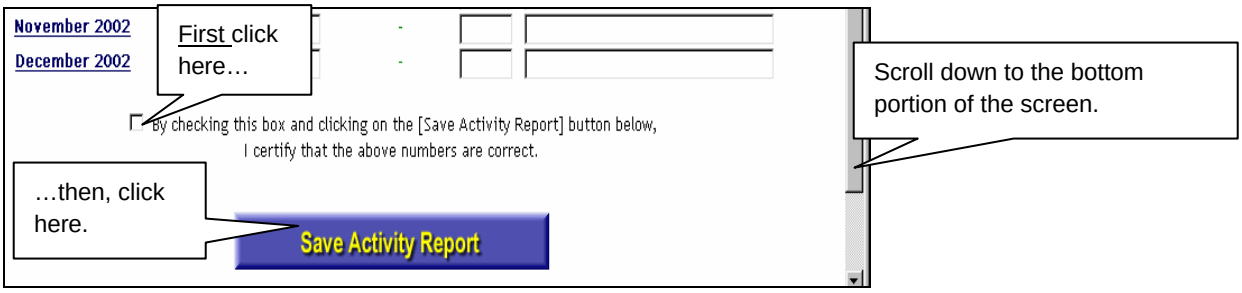


Figure 8-4 Emergency Department Activity Report (Close-up of Bottom)

Note that if you enter data for a month 12 or more months in the past, you will receive a pop-up screen alerting you to check the date (see Figure 8-5).

Figure 8-5 Pop-up Screen When Data is Entered for a Month 12 or More Months in the Past

This helps to ensure that you have not accidentally entered current data in a field corresponding to an older date. It will not prevent you from entering older data, but simply draws your attention to the fact that you have entered data in a field that corresponds to a month and year at least 12 months in the past.

In our example, in the second week of February, you discovered that there were 17 more visits in January than the 153 visits that you previously reported. When you add the 17 visits to the 153 the total becomes 170. You were able to obtain and review the three charts that were previously unavailable. You were also able to review all 17 of the charts corresponding to the additional 17 visits. When the three charts that were previously unavailable are added to the 17, the total now becomes 20. Update the previous totals for January by typing in the additional number of ED visits that also occurred in January and charts that you also reviewed in February (see Figure 8-6).

For the Month of...	Total ED Visits: Total Entered In Prior Sessions	Total ED Visits: Additions To Prior Total	Charts Directly Reviewed: Total Entered In Prior Sessions	Charts Directly Reviewed: Additions To Prior Total	Comments
January 2003	153	17	150	20	

Figure 8-6 Emergency Department Activity Report w/Updated Totals

To save your entries and update the totals for the month of January, scroll down to the bottom of the screen and click in the box next to the words, "By checking this box and clicking on the [Save Activity Report] button below, I certify that the above numbers are correct." Then, click on the button titled, *Save Activity Report*.

Once you save your totals, a confirmation screen will be displayed requiring you to review the data you have entered and confirm it (see Figure 8-7).

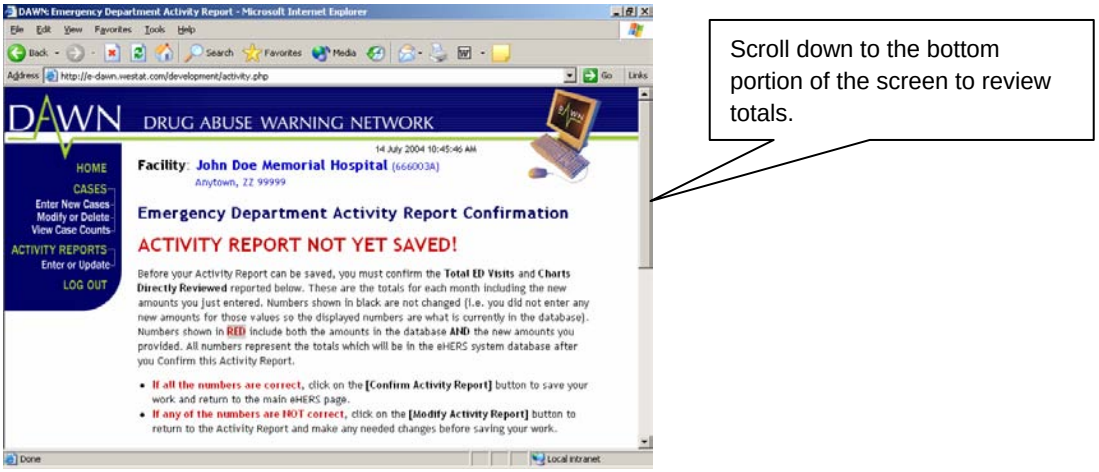


Figure 8-7 Emergency Department Activity Report Confirmation Screen

Use the scroll bar to review the newly entered totals, appearing in red, for each month corresponding to a given year (see Figure 8-8).

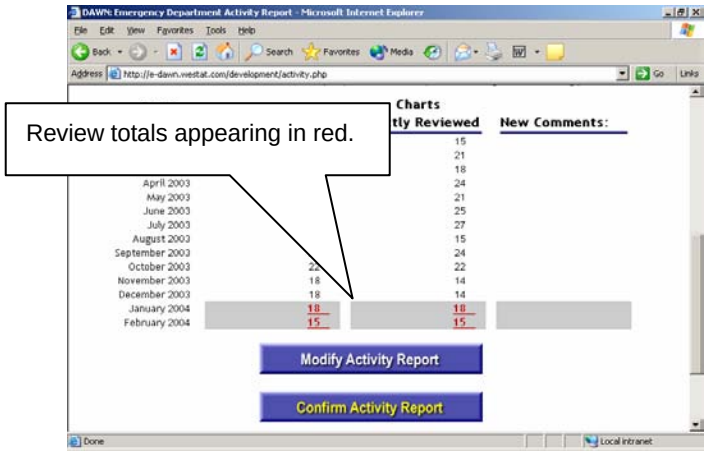


Figure 8-8 Newly Entered Totals Appearing in Red

Note that this page does not display prior amounts in one column and those just entered in another, but rather *total amounts*.

If after reviewing the totals you find that **they are correct,** click on the button titled, *Confirm Activity Report*, to return you to the main eHERS screen.

If the totals are incorrect, click on the button titled, *Modify Activity Report*, to return to the previous Activity Report Screen and modify the totals as appropriate.

When you want to add to your totals for a previously entered month, to reflect additional ED visits not previously reported or additional charts reviewed, go to the main menu and under "Activity Reports," select "Enter or Update."

The screen will now display the totals you entered previously (see Figure 8-9).

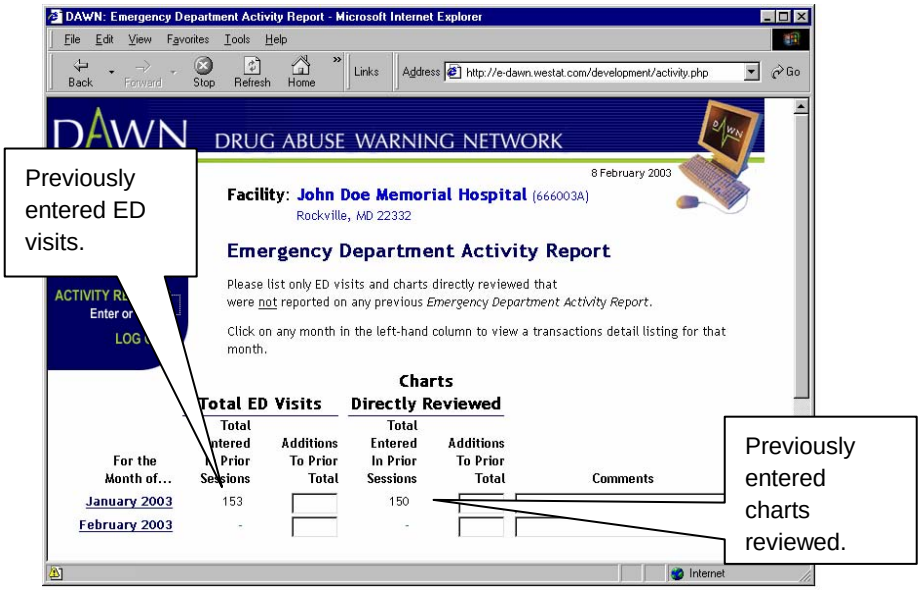


Figure 8-9 Emergency Department Activity Report w/Previously Entered Totals for January

ED visits and charts reviewed that pertain to ED visits occurring in February, would then be entered for February (see Figure 8-10), and subsequent months in the same manner. In the example you determined that there were 225 ED visits in February. But when you report the total number of February visits, you have not yet had a chance to review any February visit charts. Therefore, you have left the *Charts Directly Reviewed* column blank for February.

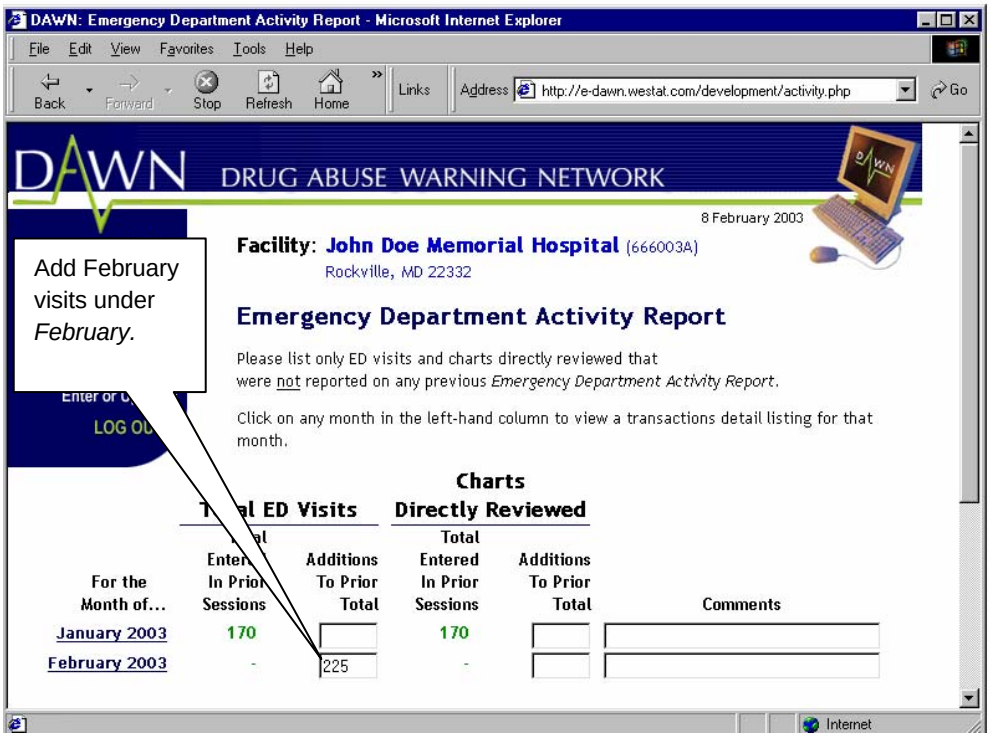


Figure 8-10 Add Visits That Occurred in February Under *February*

Later, when you have reviewed the February charts, you will report the number of charts reviewed for February visits in this column on the February line (see Figure 8-11).

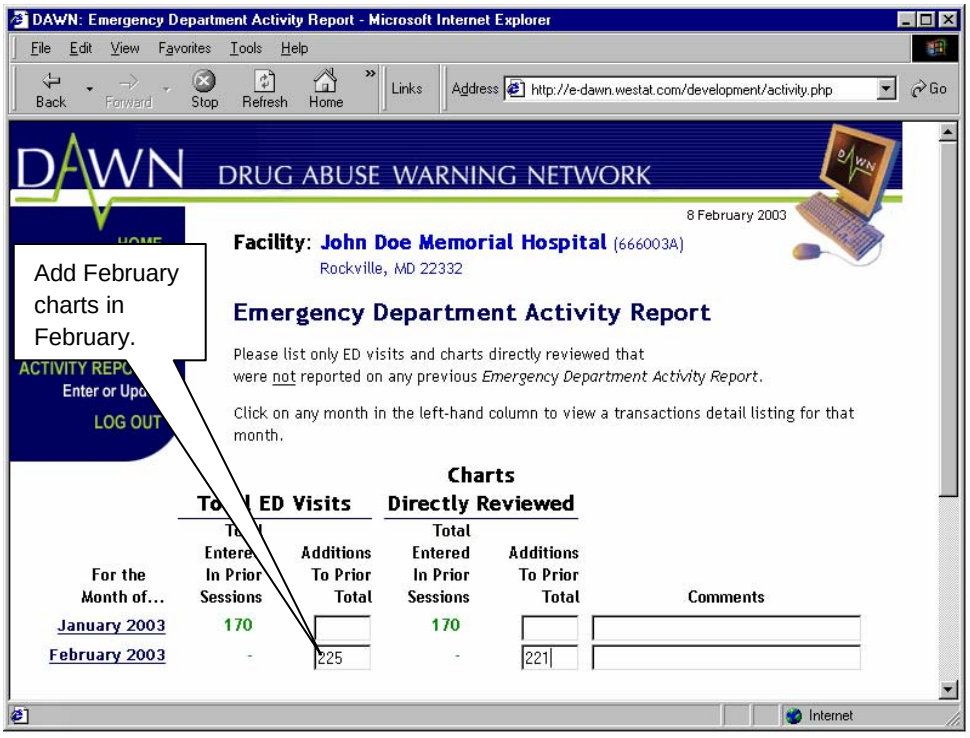


Figure 8-11 Add Charts That Occurred in February Under *February*

8.3 How to Review Previously Recorded Activity for a Specific Month

To review the previously recorded activity for a specific month, click on the month (see Figure 8-12).

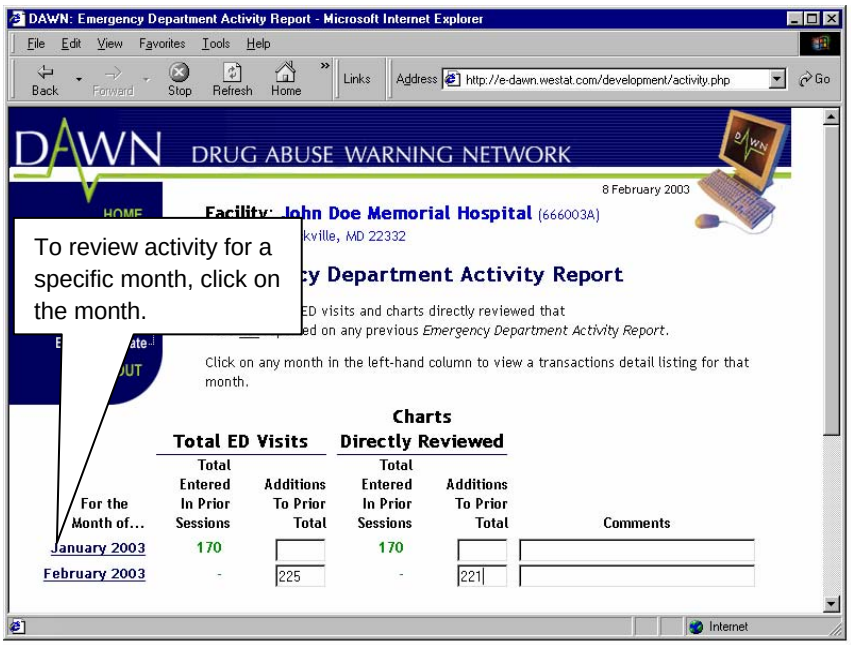


Figure 8-12 To Review Activity for a Specific Month, Click on the Month

This will display an Activity Reporting History screen for the selected month (see Figure 8-13).

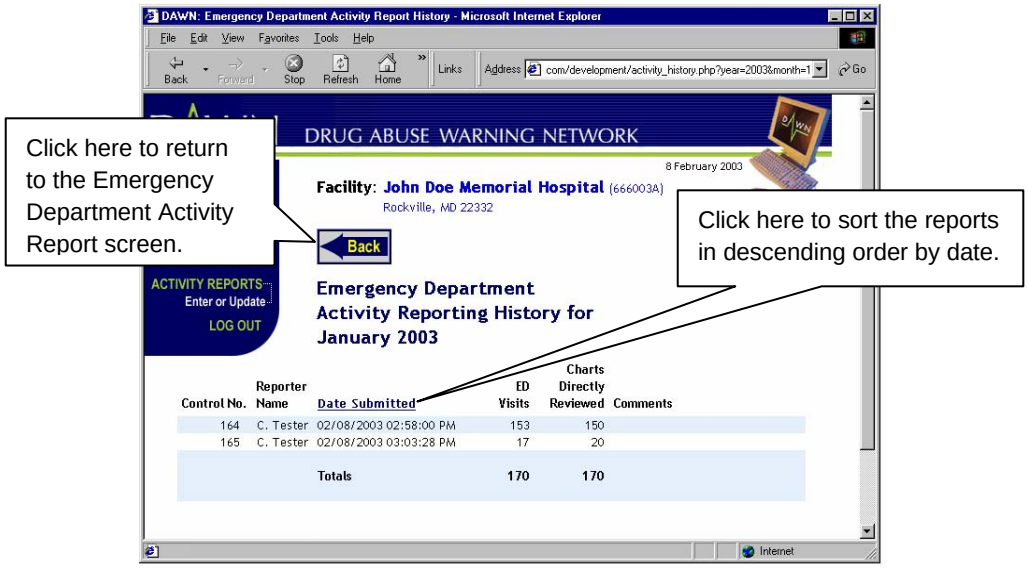


Figure 8-13 Reporting History Screen

Each row on this screen represents the initial or supplemental counts of ED visits or charts reviewed as previously entered into the Activity Report, for ED visits occurring during the month displayed at the top of the list. This screen contains the following columns:

- The Control No. – The reference number used by eHERS and the DAWN Home Office Staff to keep track of each time you add numbers of ED visits or charts received;
- The Reporter Name – The name of the Reporter who entered the information on the line;
- The Date Submitted – The date and time on which the reporter submitted the counts on the line;
- ED Visits – The initial (or supplemental) count of ED visits entered into the Activity Report on the date submitted;
- Charts Directly Reviewed – The initial (or supplemental) count of charts reviewed by the reporter, as entered into the Activity Report on the date submitted; and
- Comments – Any comments that the reporter wrote pertaining to the counts entered on the date submitted.

The lines appear in ascending order by date submitted, with the cases submitted at the earliest date appearing first. To reverse the order in which the lines appear, click on the blue underlined words, *Date Submitted* (see Figure 8-12).

The totals of ED visits and charts reviewed appear below the last line. A useful feature of this Activity Report is that you do not have to wait until the end of the month to begin reporting numbers of visits and charts reviewed. If your ED can provide visit counts and access to charts more often, for example, weekly, and you want to report on a weekly basis, this system allows you to report counts for whatever periods you wish.

The two important points to remember are:

1. **Enter counts of visits and charts reviewed on the line for the month in which the visits occurred.**
2. **Be careful not to double-count visits or charts reviewed, when you have multiple entries into the system for the same month.**

To return to the Emergency Department Activity Report screen click on the *Back* button (see Figure 8-13).

9. How to Log Out

To log out of eHERS and return to the Log-In screen, select *Log Out* from the menu in the corner of the screen (see Figure 9-1).

Figure 9-1 Menu in the Corner of eHERS

Appendix A: Common Abbreviations

Common Abbreviations Used in Medical Charts

Abbreviation	Meaning
△	change
△MS	change in mental status
↑	increased
↓	decreased
♂	male
♀	female
(+), +	positive
(-), -	negative
Ø	no, none
1º	primary
2º	secondary, secondary to
<	less than
>	greater than

ā	before
A	Asian
AA	African American
A&OX3	Alert and oriented to person, place and time (if x2, oriented to 2 of these 3)
Ab	antibiotic
Abg	arterial blood gasses (blood test)
abn	abnormal
a̅c̅	before meals
ad	right ear
ADL	Activities of daily living (i.e.-brushing hair and teeth, bathing, etc.)
ad lib	as desired, as tolerated
AH	auditory hallucinations (hearing voices or sounds)
alc	Alcohol
AMA	Against medical advice
AMS	Altered mental status
AOB	Alcohol on breath
ARD, ARF	Acute respiratory distress, Acute respiratory failure
as	left eye
ASA	Aspirin, (Acetylsalicylic Acid)
au	both eyes
AVH	Audio (sound)-visual (sight) hallucinations

B	Black
BG	Blood glucose (level of sugar in the blood. High-hyperglycemic, Low-hypoglycemic), blood gasses
BIBA	Brought in by ambulance
BCLS	Basic Cardiac Life Support (efforts to resuscitate)
bld	blood
BLS	Basic Life Support (efforts to resuscitate)
BP	Blood Pressure
bpm	beats per minute
Bx	biopsy

c̅, c	with
C	Cervical - followed by a number it indicates a particular cervical vertebra (of the spine)
Ca	Carcinoma (Cancer)
caps	capsules
CBC	Complete Blood Count (blood test)
CC, cc	Chief complaint
CCU	Coronary (Cardiac) Care Unit
CNS	Central Nervous System
CPR	Cardiopulmonary Resuscitation (attempt to revive pt.when the heart or lungs fail)
CVA	Cerebral Vascular Accident (stroke)

DC, D/C	discharge, discontinue
DO, D/O	disorder

DOA	Dead on arrival
DTs	Delerium Tremens (experienced when detoxing from alcohol addiction)
Dx	diagnosis
ECG, EKG	Electrocardiogram (checks heart rhythm)
EEG	Electroencephalogram (checks brain waves)
EMS	Emergency Medical Services (ambulance)
EMT	Emergency Medical Technician
Etiol	Etiology (source, origin)
ETOH	Alcohol
FB	foreign body
FH	Family History
F/U	follow up
FUO	fever of unknown (undetermined) origin
Fx	fracture (of a bone)
GC	Gonorrhea (sexually transmitted disease)
GI	Gastrointestinal
gtts	drops (liquid)
GSW	gunshot wound
H&P	History and Physical
HA	Headache
HBP	High Blood Pressure
HEENT	head, eyes, ears, nose and throat
Hep	Hepatitis
HI	homicidal Ideation (only the thought)
H/O, HO	History of
HPI	History of present illness
HTN	Hypertension (high blood pressure)
Hx	history
ⅱ, ⅲ	two, three
ICU	Intensive Care Unit
IICP, ↑ICP	Increased Intracranial Pressure (pressure in the brain)
IM	Intramuscular - injected into the muscle
Imp	Impression (preliminary diagnosis)
Inj	Injection, Injected
IV	Intravenous (injection into the vein)
IVDA, IVDU	Intravenous Drug Abuse, Intravenous Drug Use
Ⓛ L	Left, Lumbar - if followed by a number, indicates a particular lumbar vertebra (of the spine)
Lat	Lateral (side)
LBP	Lower Back Pain
LLQ	Left lower quadrant (imagine the body in 4 parts)
LOC	Loss of consciousness, level of consciousness
Lt	Left
LUQ	Left upper quadrant (imagine the body in 4 parts)
LWOBS	Left without being seen
MH	Medical history
MI	Myocardial Infarction (heart attack)
MMTP	Methadone Maintenance Treatment Program
MS	Mental status, Morphine sulfate
MVA, MVC	Motor vehicle accident, Motor vehicle crash
N&V	Nausea and vomiting
NAD	No apparent distress, No acute distress
NO, N2O	Nitrous Oxide
NL	normal limits
NOS	not otherwise specified

N,V,D	Nausea, vomiting, and diarrhea
OA	On admission
od	right eye
os	left eye
ou	both eyes
OTC	Over the counter (drug which does not need a prescription)
p̄	after
pc	after meals
PE	physical examination
Peds	Pediatrics
PERLA	Pupils equal and reactive to light and accommodation (normal-test for brain function)
PERRLA	Pupils equal, round and reactive to light and accommodation
PI	Present illness
PINS	Person in need of supervision (a legal petition for intervention)
PMH	Past Medical History
po	by mouth (per os)
pr	per rectum (inserted into the rectum)
prn	as needed, whenever necessary
PTA	Prior to admission
q	every
QNS	quantity not sufficient
℞ R	right, respirations (breaths)
RLQ	right lower quadrant (imagine the body in 4 parts)
R/O	rule out
R/T	related to
RTC	return to clinic
RUQ	right upper quadrant (imagine the body in 4 parts)
Rx	prescription
Rxn	reaction
s̄, s	without
S&S	signs and symptoms
SI	suicidal ideation (only the thought)
SL	sublingual, placed under the tongue
SOB	shortness of breath
SQ, SC	subcutaneous - injected into the layer just below the skin ("skin popping")
SR	suture removal (removal of stitches)
s̄s̄	½
stat	immediately
STD	Sexually transmitted disease
SP, S/P	status-post, after
Sx	symptom
T	temperature, thoracic - if followed by a number, indicates a particular thoracic vertebra (of the spine)
T&C	Type and crossmatch (blood test to determine blood type and blood product needed)
tabs	tablets
temp	temperature
TIA	Trans-Ischemic Attack (mini-stroke)
TOP	termination of pregnancy (abortion)
TPR	temperature, pulse and respitations
Tx	treatment, therapy, traction
URI	Upper respiratory tract infection (i.e.-cold, bronchitis)
UTI	Urinary tract infection
VH	Visual hallucinations (seeing things that are not there)
VS	Vital signs (temperature, pulse, blood pressure, respiratory rate)

W	White
Whz	wheeze
wnl	within normal limits

X, $\overline{x}$	except

Y	Psychology
yo, Y/O	years old

FREQUENCY

qd	once daily
qod	every other day
bid	twice per day
tid	three times per day
qid	four times a day
qhs	every night
q2h	every 2 hours
q4h	every 4 hours
qw	every week
qow	every other week

POSITIONS

Anterior/Ventral- front of the body
Posterior/Dorsal- back of the body
Deep- away from the surface
Superficial- on the surface
Inferior- situated below
Superior- situated above
Lateral- pertaining to the side
Medial- pertaining to the middle
Prone- lying face down
Supine- lying face up

COMMON TERMS

afebrile- without fever
dysphagia- difficulty swallowing
dysphasia- unable to speak
dyspepsia- indigestion
epistaxis- nosebleed
emesis- vomit
flatulance- gas
macula- a spot on the skin
papule- inflammatory elevation of the skin
pruritic-itchy
purulent-full of, or discharging pus
topical- applied to the skin

SYNONYMS

abdomen-abdomino, celio,laparo
bladder-cysto, vesico
blood-hemo, hemato, sangui, sanguino
breast-mammo, masto
breathe- -pnea, respiro, respirato, spiro
chest-pectoro, stetho, thoraco
ear-auro,auriculo, oto
eye-oculo,opthalmo, opto
fever-febri, pyro, pyreto
heart-cardio, corono
itching-prurito, psoro
kidney-nephro, reno
lung-pneumo, pneumono, pulmono
mouth-oro, stomato
muscle-musculo, myo, myoso
nose-naso, rhino
rectum-procto, recto
skin-cutaneo, dermo, dermato
sound-sono, phono
sweat-hidro, sudo
swelling- -edema, tumesco
tongue-glosso, linguo
vein-phlebo, veno
vessel-angio, vaso

PREFIXES

a- without
ad- to
ab- away from
dys- difficulty

Appendix B: Glossary of DAWN Terms

Glossary of Commonly Used DAWN Terms

Abscess/cellulitis/skin/tissue: In DAWN, skin or tissue problems, such as cellulitis, abscesses, infection, or rashes, mentioned in conjunction with drug or substance abuse.

Accident/Injury: In DAWN, cases involving self-inflicted injuries or injuries resulting from fights, accidents, or assaults with documented use of substances.

Accidental ingestion: In DAWN, a case in which the patient took the drug accidentally or unknowingly.

Adverse reaction: In DAWN, an allergic or other adverse event or toxicity associated with taking a prescription or over-the-counter drug or dietary supplement according to directions. Includes drug-to-drug interactions and alcohol-drug interactions.

Altered mental status: In DAWN, the chief complaint may refer to any number of abnormal changes in basic mental functioning. The patient or those in attendance state that the patient manifests symptoms of disorientation as to time and place, is delirious, is having hallucinations, is combative, or things of that nature.

Brand name (or Trade name): Drug name that is proprietary and protected by a pharmaceutical manufacturer's registered trademark. Examples include Valium (generic name is diazepam) and Advil (generic name is ibuprofen). The brand is the most specific way to report a drug to DAWN and is preferred over all less specific names.

Case criteria: The specific characteristics that define a DAWN-reportable case. See **DAWN Case Identification, Chapter 2 ED Reference Manual.**

Charts: ED patients' medical records, which are reviewed by the Reporter to identify DAWN cases.

Chest pain: In DAWN, a category of symptoms associated with pain or discomfort in the chest or upper thorax.

Chief complaint: The symptom(s) or condition(s) for which the patient is seeking treatment in the ED.

Club drugs: During the 1990s, use of certain illicit drugs were linked to "raves" and dance clubs. These substances are commonly referred to as "club drugs." For DAWN, these include Ketamine, flunitrazepam (Rohypnol), gamma hydroxy butyrate (GHB, or its precursor, gamma butyrolactone [GBL]), and methylenedioxymethamphetamine (MDMA or Ecstasy).

Cross-reference: Information entered on the facility copy of the ED Case Report Form that is used by the Reporter to link the DAWN case to a patient's chart. Cross-reference information is never submitted to Westat.

Data item: Each of the 14 individual data elements captured by the Reporter on the ED Case Report Form.

DAWN: The Drug Abuse Warning Network, a national public health and substance abuse data collection system. DAWN is the responsibility of the Office of Applied Studies (OAS), a component of Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services.

DAWN Case: An ED visit induced by or related to drug use, abuse, or misuse.

DAWN ED Case Form: The paper or electronic form on which the DAWN Reporter records data items that characterize each reportable DAWN Case.

DAWN Reporter: The person responsible for reviewing charts, identifying DAWN Cases, recording data items, and submitting them to Westat. This person may be a member of the facility's staff or an Independent Reporter on Westat's staff.

Dependence: A physiological or psychological condition characterized by a compulsion to take a drug on a continuous or periodic basis to experience its effects or to avoid the discomfort of its absence.

Diagnosis/diagnoses: The condition(s) for which the patient was treated as determined by the clinician after study.

Digestive problems: In DAWN, a category of conditions associated with the gastrointestinal system. Examples include indigestion, nausea, vomiting, diarrhea, and constipation.

Direct chart review: Procedure used to identify DAWN cases, according to the DAWN data collection protocol. Charts reviewed may be paper or electronic. The protocol requires that reporters attempt to obtain and review all charts.

Disposition: The location or facility to which an ED patient was referred, transferred, or released.

Drug category: A grouping of related drugs or substances in the DAWN Drug Reference Vocabulary. Examples of drug categories include major substances of abuse, amphetamines, psychotherapeutic agents, narcotic analgesics, and benzodiazepines.

Drug-induced visit: "Drug-induced" means that the patient's condition was directly caused by the use, misuse, or abuse of a drug(s) or substance(s). Examples of such cases include drug overdoses or adverse reactions to drugs taken as directed.

Drug mention: An instance of a substance being recorded ("mentioned") on a DAWN case report.

Drug Reference Vocabulary (DRV): The comprehensive set of terms and codes used by DAWN to identify and classify drugs and other reportable substances. The DRV is updated monthly and contains thousands of terms for illicit drugs, prescription and over-the-counter medications, dietary supplements, and non-pharmaceutical inhalants. The DRV represents substances by generic, brand, and chemical names, metabolites, and street terms. The DRV is based on the Multum *Lexicon*, Copyright © 2002, Multum Information Services, Inc., which has been modified to meet DAWN's unique requirements (2002).

Drug-related visit: "Drug-related" means that the use, misuse or abuse of a drug(s) or substance(s) has contributed to the patient's condition, but did not directly cause it. Examples of such cases include accidents or injuries resulting from drug use.

DRV: See **Drug Reference Vocabulary.**

Drug type: See **Drug Category.**

ED Activity Report Form: A one-page form on which the Reporter records the number of ED visits that occurred during a month and the number of charts directly reviewed for that month. This form is typically sent to Westat once a month. It is usually submitted separately from DAWN Cases.

ED Cases Packing Slip: The one-page inventory that accompanies each package of paper ED Case Report Forms mailed to Westat. The Packing Slip contains the number of DAWN Case Reports (paper forms) included in the mailing.

ED Case Form: See **DAWN Emergency Department Case Form.**

Facility ID: A seven-character identifier unique to each participating facility. This ID must be entered on each paper ED Case Report Form to link the form with the facility providing the data (the Facility ID is computer-generated in eHERS).

Facility Liaison (FL): The traveling DAWN staff member who is in direct contact with the facility and DAWN Reporters. This Westat employee is responsible for providing face-to-face training, resolving reporting problems, and handling other quality control issues.

Form number: A number unique to each DAWN case. The form number is preprinted at the top left of each paper ED Case Form and is computer-generated in eHERS.

Generic name: The name of a drug that is not proprietary and not protected by a trademark. The generic name is often descriptive of the drug's chemical structure. Examples include diazepam (a common brand name is Valium) and ibuprofen (common brand names include Advil and Motrin).

Home Office: The DAWN Operations Center headquarters in Rockville, MD. Regional Monitors and other staff based at the home office are responsible for monitoring and processing data submissions and maintaining quality control.

Inhalants: Inhalants include anesthetic gases and certain nonpharmaceuticals that are inhaled. Anesthetic gases (for example, nitrous oxide, ether, chloroform) are presumed to have been inhaled because they are gases or are delivered as gases. To be classified as an inhalant, a nonpharmaceutical substance must have a psychoactive effect when inhaled, sniffed, or snorted. Psychoactive nonpharmaceuticals fall into one of 3 categories: (1) volatile solvents, which include adhesives (model airplane glue, rubber cement, household glue), aerosols (spray paint, hairspray, air freshener, deodorant, fabric protector), solvents and gases (nail polish remover, paint thinner, correction fluid and thinner, toxic markers, pure toluene, cigar lighter fluid, gasoline, carburetor cleaner, octane booster), cleaning agents (dry cleaning fluid, spot remover, degreaser), food products (vegetable cooking spray, dessert topping spray such as whipped cream, whippets), and gases (butane, propane, helium); (2) nitrites, which include amyl nitrites ("poppers," "snappers") and butyl nitrites ("rush," "locker room," "bolt," "climax," "video head cleaner"); or (3) chlorofluorohydrocarbons (freons).

Intoxication: The condition produced by the toxic effect of a drug(s), often alcohol.

Malicious poisoning: In DAWN, deliberate poisoning with drugs by another person. Includes drug-facilitated assault, drug rape, and product tampering.

Nonpharmaceutical inhalant. See **Inhalants.**

Nonreportable case: An ED visit that is not reportable to DAWN because it does not satisfy the DAWN case criteria; that is, the patient's condition was not induced or related to drug use, abuse, or misuse.

Not documented: A category indicating that the documentation in the chart did not contain a response for the data item. "Unknown."

Overdose: In DAWN, a condition associated with consumption of an excessive or toxic quantity of a drug or other substance.

Overmedication: In DAWN, a case in which the patient took more than the recommended dose of a prescription or over-the-counter drug or dietary supplement. Includes taking extra dose(s) to make up for a missed dose, from forgetting they had taken a dose, or to treat symptoms that did not subside with the recommended dose.

Psychiatric condition: In DAWN, a general term used to denote mental illness or psychological dysfunction, specifically those mental, emotional, or behavioral problems that include suicidal ideation, depression, schizophrenia, bipolar disorder, and so forth.

Reportable case: A DAWN Case. An ED visit that was induced or related to drug use.

Respiratory problems: In DAWN, a category of conditions associated with breathing. Examples include shortness of breath, coughing, and wheezing.

Route of administration: The manner by which the drug was introduced into the patient's body. Includes oral (swallowed, by mouth); injected (administered by needle, by intramuscular

or intravenous injection); inhaled, sniffed, snorted (aspirated, taken into the respiratory system by nose or mouth); or smoked (taken into the respiratory system as smoke from a burning substance).

Sample/Statistical sample: A subset of facilities selected scientifically to represent a larger universe of facilities. Data from the sample is used to extrapolate to the larger universe.

Seeking detox: In DAWN, an ED patient that is seeking a referral to substance abuse treatment, detoxification ("detox"), "rehab", or medical clearance for help with a drug problem.

Seizures: Neurologic events associated with abnormal electrical activity in the brain and manifesting clinically as a change in consciousness, motor, sensory, or behavioral symptoms. "Convulsion."

Street term/slang: Informal, unconventional, or slang name for a drug, usually an illegal drug. Examples include Angel Dust (PCP), Weed (marijuana), Crank (amphetamine/methamphetamine), Speed (amphetamine/methamphetamine), Acid (LSD), Ecstasy (MDMA), Horse or Smack (heroin), Roofies (Rohypnol), and Crack (cocaine). Street terms are documented in the DAWN Drug Reference Vocabulary. Street terms or slang names for drugs may vary across geographic locations or time. New terms are added to the DAWN Drug Reference Vocabulary as they become known.

Substance Abuse and Mental Health Services Administration (SAMHSA): SAMHSA is an agency of the U.S. Department of Health and Human Services (DHHS). SAMHSA is required by law to collect data on drug-related emergency department visits and drug-related deaths investigated by medical examiners and coroners.

Treatment in the ED: Medical care provided in a hospital emergency department setting. Such care may take many forms (for example, medical, surgical, psychiatric), depending on the nature and severity of the patient's condition. See **Chapter 2 in the ED Reference Guide for a more complete discussion.**

Type of case: A classification used to group similar DAWN cases. Each case is coded into one and only one category, the first that applies from the following hierarchy: Suicide attempt, Seeking detox, Alcohol only (age < 21), Adverse reaction, Overmedication, Malicious poisoning, Accidental ingestion, and Other. "Other" will include all cases that do not fit into any of the preceding categories, including ED visits related to recreational use, drug abuse, drug dependence, withdrawal, and any misuse that cannot be classified elsewhere based on documentation in the patient's chart.

Westat: A private research firm based in Rockville, MD. Under contract with SAMHSA, Westat is responsible for the operation of the DAWN data collection system and Operations Center.

Withdrawal: The physical state/symptoms produced by abstention from drugs to which a person is addicted.

Appendix C: Non-Pharmaceutical Inhalants

Non-Pharmaceutical Inhalants

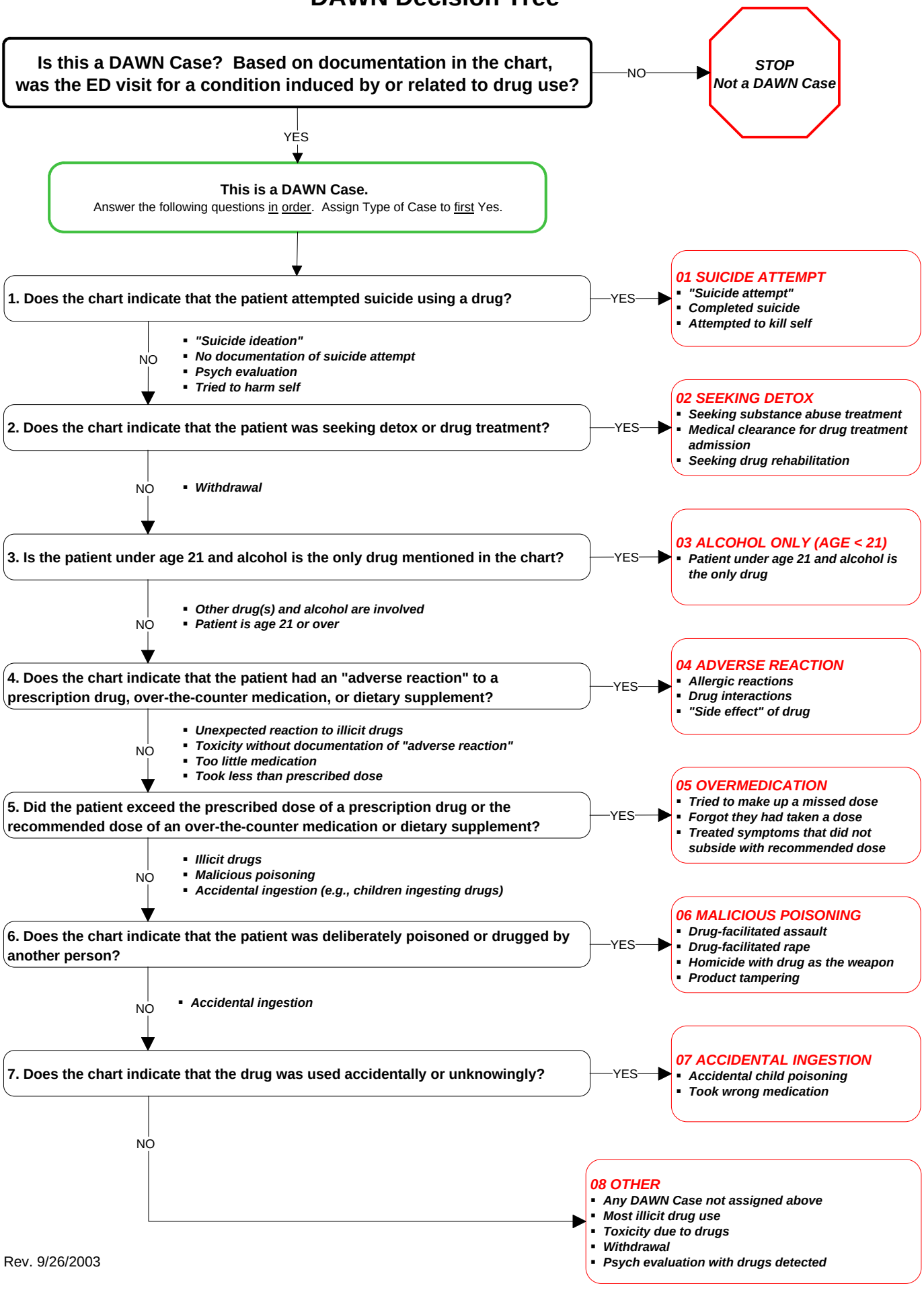
TYPE	BRAND	DRUG
chloro-fluoro-hydrocarbons	Chlorinated Hydrocarbons	chlorinated hydrocarbons
	Dichlorodifluoromethane	dichlorofluromethane
	Freon 11	trichlorofluromethane
	Freon Propellant	freon propellant
	Silicone Spray	trichlorotrifluoroethane
	W-D-40 Lubricant Spray	trichlorotrifluoroethane
nitrites	Black Jack	isobutyl nitrite
	Butyl Nitrite	isobutyl nitrite
	Isobutyl Nitrite	isobutyl nitrite
	Locker Room	isobutyl nitrite
	Poppers	isobutyl nitrite
	Rush	isobutyl nitrite
volatile agent	Acetone	acetone
	Acrylics	paint/unknown composition
	Aerosol Spray	aerosol spray-NOS
	Air Deodorizer	dichlorobenzene
	Airplane Glue	toluene
	Brake Fluid	butyl alcohol
	Bug Off	pesticide/unknown
	Butane	butane
	Car Cleaner	cleaner/unknown
	Carbon tetrachloride	carbon tetrachloride
	Carburetor Cleaning Fuel	petroleum hydrocarbons
	Chlorothene	chlorothene
	Cleaner Solvent	volatile/unknown
	Cleaning Fluid	petroleum hydrocarbons
	Coffee Stain Remover	isopropyl ether
	Cologne Aerosol	ethanol-NP
	Contact Cement	toluene
	Correction Fluid	trichloroethane
	Crazy Glue	cyanoacrylate
	Deodorant Aerosol	cosmetic/unknown
	Embalming Fluid	formaldehyde
	Epoxy Glue	toluene
	Ether	ethyl ether
	Ethylene Glycol	ethylene glycol
	Facial Astringent	cosmetic/unknown
	Fingernail Polish	acetone
	Fluorine	fluorine
	Furniture Polish Aerosol	mineral seal oil
	Gas	petroleum hydrocarbons
	Gasoline	petroleum hydrocarbons
	Glue	toluene
	Gum Out	petroleum hydrocarbons
	Hair Spray Aerosol	cosmetic/unknown
	Helium	helium
	Hydrocarbon	hydrocarbon
	Inhalants	volatile/unknown
	Ink	toluene
	Kerosene Oil	petroleum hydrocarbons
	Krylon	paint/unknown composition

Non-Pharmaceutical Inhalants

TYPE	BRAND	DRUG
	Lacquer	butyl acetate
	Lacquer Thinner	toluene
	Leather Cleaner	cleaner/unknown
	Lighter Fluid	petroleum hydrocarbons
	Liquid Paper	trichloroethane/trichloroeth
	Liquid Wrench	volatile/unknown
	Lysol	phenolic disinfectants
	Lysol Spray	cresol
	Magic Marker	volatile/unknown
	Malathion	malathion
	Methane	methane
	Methanol	methanol
	Methylbenzene	toluene
	Methylchloroform	trichloroethane
	Methylene Chloride	methylene chloride
	Moth Balls	naphthalene
	Motor Oil	petroleum hydrocarbons
	Nail Polish Remover	acetone
	Natural Gas	methane
	Octane Booster	ethanol-NP
	Paint	paint/unknown composition
	Paint Thinner	petroleum
	Petroleum Distillate	petroleum hydrocarbons
	Pine Sol	alpha terpineol
	Polish Remover	volatile/unknown
	Polyurethane	toluene
	Propane Gas	propane
	Raid	petroleum hydrocarbons
	Renuzit	aerosol air freshener
	Roach Poison	propoxur
	Rubber Cement	toluene
	Shoe Polish	dichlorobenzene
	Silicone Shoe Saver	silicon
	Solvents	volatile/unknown
	Spot Remover	trichloroethane/trichloroeth
	Starting Fluid	ethyl ether
	STP Gas	petroleum hydrocarbons
	Super Glue	cyanoacrylate
	Tape Recorder Cleaner	methylcyclopentane
	Tolly	toluene
	Toluene	toluene
	Toluene Glue	toluene
	Toluol	toluene
	Transmission Go	petroleum hydrocarbons
	Trichloroethane	trichloroethane
	Tuilio	toluene
	Tuleeo	toluene
	Turpentine	turpentine
	Vaporizers	volatile/unknown
	Wizard Air Freshener	aerosol air freshener
	Xylene	xylene

Appendix D: Decision Tree

DAWN Decision Tree



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ED Visits NOT Reportable to DAWN

1) **Patient left the ED without being treated** – The patient left the ED before treatment was initiated. Such charts often indicate "left without being seen" or LWBS. These include cases like:

   - A patient provided administrative information (e.g., insurance information) and symptoms, then got tired of waiting and left before treatment was initiated.

   - A patient came to pay a bill or to pick up medication for a CT scan scheduled for the next day.

2) **A non-pharmaceutical substance was consumed but not inhaled** – The non-pharmaceutical substance (e.g., Clorox®, paint, glue) was consumed by some means other than inhalation. Non-pharmaceuticals are reportable only if inhaled (e.g., inhaling paint fumes while painting a closet).

   - The patient drank turpentine. This is **NOT** a DAWN case.

   - The patient injected gasoline while high on PCP. This is a DAWN case, but only the PCP is reportable.

3) **Only a history of drug abuse is documented** – Such documentation may appear in the social history section of the chart or the chart may have a notation indicating "history of drug abuse." If documentation points only to a history of drug use/abuse (e.g., a patient who is HIV+ with a history of IVDA) and there is no evidence of current use, it is **NOT** a DAWN case.

4) **Alcohol is the only substance involved and the patient is age 21 or over** – Cases involving alcohol and no other substance are reportable only if the patient is less than 21 years old. Alcohol is reportable for adults only when present in combination with another reportable substance.

5) **The only documentation of drug use is in toxicology test results** – Documentation of drug use must be present in the chief complaint, assessment, or diagnoses. Toxicology may pick up current medications taken for legitimate therapeutic purposes, or drugs taken some time ago and unrelated to the visit. Therefore, toxicology alone is not sufficient evidence to make a case reportable. For example:

   - A man slipped on a wet concrete floor and fractured his hip. The toxicology result is positive for opiates. There is no other evidence of opiate use. This is **NOT** a DAWN case.

6) **Drugs listed are not related to the visit** – There is no documentation in the chief complaint, assessment, or diagnosis to indicate that the ED visit was related to the use of drugs, either legal or illicit. Regular medications not related to the ED visits are NOT reportable to DAWN. For example:

   - A 24 year-old female passenger in a bus accident was taken to the ED with a broken leg. She is a daily cocaine user, but there is no indication her cocaine use was connected to the injury. This is **NOT** a DAWN case.

7) **There is no evidence of drug use** – The chief complaint, assessment, or diagnosis does not refer to any drug use. Examples may include:

   - Drug Seekers – Patients who visit the ED to acquire specific drugs for unconfirmed condition(s).

   - Under-medication – Patients who forget or stop taking prescribed medications. The patient may be treated in the ED for a condition related to not taking a medication. This is **NOT** a DAWN case.